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WILLIAM J. ROBINSON, PH.G., M.D.

EDITOR AND FOUNDER

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WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth.
Than never to tell the truth for fear of making a mistake.

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EDITORIALS AND EDITORIALETTES

☞May we soon have peace—peace on a durable basis. May the world never again witness another such outbreak of murderous insanity. May International Brotherhood cease to be an empty phrase, but become a living reality. May we all move, with an accelerated momentum, toward a happier, fuller and saner Life!—This is standing matter from last year. Will I have to use the same New Year's greeting next year?

Massacre Every Baby's Tonsils.

A Dr. Richard W. Perry of Seattle, Washington, who unfortunately can append to his name the initials F. A. C. S., advises that every child's tonsils, without a single, solitary exception, should be cut out. No matter how normal the tonsils may be, no matter how well the child may be getting along, no matter how free from any kind of trouble it may be, he says the child should not be permitted to get older than four years without having its tonsils removed.

I am not exaggerating. His article entitled: "The Removal of Tonsils as a Prophylactic Measure in All Children of Four Years of Age: The Why and How," appears in *Northwest Medicine* for November, 1917. And here are the Doctor's conclusions in his own words: "In conclusion, then, I wish to go on record as advising the removal *of every tonsil at four years of age, irrespective of its condition,* or as much younger as infection may

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indicate. In view of the tonsil's lack of any proven function, its ease and *safety* of removal and its baneful effect on the economy, I do not see how any systematic and scientific reasoning can arrive at any different conclusion."

Read it over again carefully. *Every tonsil of four years of age, irrespective of its condition.* Of course far be it from me to insinuate that a tonsil specialist in writing such articles has any ulterior motives in view. But think of the idea of capturing every child in the land and subjecting it to the shock and the danger of removing its tonsils, even when the tonsils are perfectly normal, showing no signs of inflammation or hypertrophy!

I am sometimes angry at quacks and irregulars because they attack our profession and accuse surgeons of operating unnecessarily, uselessly, for the money there is in it. But I must confess that an article like this which is published in a reputable medical journal without any criticism by the editor gives the quacks sufficient justification for their accusations. And I must say also that a quack within the ranks of the profession possessed of operating zeal, no matter how skilful as an operator, can do more harm than a thousand quacks outside of the ranks of the profession.

"Its ease and safety of removal." How glibly the Doctor says it. Just as if there were on record no cases of infection or *fatal* accidents from removal of the tonsils!—In conclusion I will say that an article like that of Dr. Perry's is a disgrace to the medical profession and it should not have appeared in any medical journal without critical comment by the editor.

Disharmony and Dyshormony.

With the introduction of the new term "dyshormony," writers and proofreaders will have to be careful to distinguish between it and the term "disharmony." There is no doubt that in the beginning many proofreaders will try to "correct" the former to read like the latter. Fortunately the error would not be a vital one, for a dyshormony always causes a disharmony. But the word dyshormony has a specific meaning, and refers to the disturbances of the body caused by improper working of one or more of the ductless or endocrine glands. When this happens the balance between the internal secretions is upset and of course a physical and psychic disharmony is the result. We might remind our readers that the principal endocrine glands are the sexual (testes and ovaries), the thyroid, parathyroid, adrenal and pituitary glands.

A Pretty Woman is Always "Not Guilty."

A young woman who has a grudge against her husband from whom she had been divorced takes a loaded revolver, goes up to his house and shoots him dead. It was a coldblooded, premeditated murder. It was not done in a fit of passion, it was

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not done on the spur of the moment. There was no plea of insanity or of brainstorm to fall back upon; there was not even the so-called unwritten law to call in as an excuse. It was just murder in the first degree. And nevertheless twelve gentlemen, who swore to decide the case on the evidence, spat on their oath, as the Evening Post says, and quickly brought out a verdict of Not Guilty. Why? Because our men *are sexually depraved.* Men who live an abnormal or pervert sex life become sex-obsessed; they become enthralled by a pretty face, they become non-compos mentis in the presence of a skirt. Men who live a normal sex life do not become abject slaves, do not forget justice, honor and decency in the presence of a young woman who has the word sex written all over her. *This was purely a sex verdict.* If you doubt it, just ask yourself, if the twelve gentlemen would have brought out a verdict of Not Guilty, if the tables had been turned, i.e., if it had been Mr. De Saulles who demanded the boy and who had killed his young wife. Of course the man would have been convicted. Which proves, proves it at least to the sexologist, that our men are sex-obsessed. And of course the prudes, sex hypocrites and puritans are the worst in this respect.

The same gentlemen who will tar and feather and whip to death a man for a difference of opinion will acquit a woman who has committed a coldblooded murder, provided she is young and pretty and knows how to make the sex-appeal.

But why not be frank about it? Why not introduce a statute stating plainly: Murder is not punishable if the victim is a man or a homely old woman and the murderer is a pretty young woman. It would save the county the trouble and expense of farcical trials.

Venereal Prophylaxis.

It is so well known a fact that it certainly needs no reiteration, that one of the great menaces of an army, and, subsequently, of the "Medical Times." I haven't had many good things to say and no punishments will ever do away with that menace. Preachments and exhortations and the spectre of infection and the fear of punishment may act as deterrents now and then, but their combined effect is so insignificant as to be negligible.

There is only one remedy, and that is *individual prophylaxis,* carried out intelligently, humanely and broadmindedly. It is sad indeed that our officials who have the matter in hand should be so narrow-visioned as not to see that exhortations to continence will accomplish nothing. Let us hope that our medical journals will show a better vision and will succeed in convincing the authorities of the futility and danger of their policy. And in this connection I take pleasure in reprinting right here an excellent editorial entitled "Venereal Claptrap" from the December issue of the "Medical Times." I haven't had many good things to say

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about the "Medical Times," but everybody will admit that it has always been my policy to give the devil his due, and if I see a good editorial I am going to call attention to it no matter in what antagonistic journal it may appear.

VENEREAL CLAPTRAP.

Secretary Daniels admits that the ravages of venereal disease "are more terrible for Britain and Canada than Vimy Ridge, the Somme and Lens," and yet believes that it is practicable to prevent such disease by inducing our young men to be continent thru the influence of coercive and educational measures that seem expected to camouflage the sexual vista that confronts the boys. He belongs to the school that conceives of venereal disease as the wages of sin, and ranks its contraction as immoral and disgraceful. He deplores prudery in dealing with the venereal question, realizes how military effectiveness is hampered or nullified by gonorrhea and syphilis, and understands how innocent comrades and others are endangered by these infectious diseases, yet he looks to the stopping of pay when the men are ill, and certain preachments, as the remedies. Telling the boys the truth consists merely in persuading them to be continent, he says, and science gives the lie to the belief that abstinence is injurious.

Venereal prophylaxis thru the application of sane measures cannot be carried very far, it would seem, so long as our authorities cling to such notions as those cherished by Mr. Daniels.

The injurious effects of sexual repression and suppression, manifested in the form of the neuroses and psychoses in accordance with familiar doctrines, cannot be gainsaid. If science has given the lie to anything it is to the superstitions held by the Secretary. It is perfectly true that certain "scientists" deny the injuriousness of continence—they are the same hand-picked scientists who deny the efficacy of alcohol in any clinical circumstance—but such are false priests, even if they are in the majority; their ordinations are not valid; their precious mouthings do not alter the truth one jot or tittle. And they are always themselves beyond the "dangerous age" or else have satisfactorily adjusted their own sexual problems.

We should indeed tell the truth to the boys and hold up as the proper ethical doctrine the decent acceptance of any harm that may come to them thru continence so long as no unworthy contacts are made and no other human being is degraded or continued in degradation. Our duty consists further in telling the boys the truth about practical prophylaxis.

"New truths must take the place of ancient lies." "The lie that has lived so long must be driven out by the truth." These are fine phrases of the Secretary, who means well and is sincere in his mistaken point of view, but their coining does not alter the fact that the ancient lies will continue to live in his own mind and the minds of many others, and that our boys may therefore

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continue to be infected as of yore, and perhaps in increasing ratio.

Even the ukase of a naval tsar will accomplish nothing if it merely revamps the ancient lies.

What Chivalrous Man Has Said about Woman.

From time immemorial the Lord and Master of creation has amused himself by saying unkind things about Woman—about the sex to which his mother belonged, and also his sweetheart, his wife, his sister and his daughter. It is not hard to trace the psychology responsible for the disparaging adages about woman which abound in every language; but I shall not go into the subject now. To collect all the bad, ridiculous, quasi-funny and slanderous things that have been said about Woman in the course of ages by chivalrous Man would make an extremely bulky volume. Here I wish only, and more for the sake of amusement than for any other reason, to present a few gentle saying by some rather modern thinkers and writers—sprinkling them only here and there with an ancient compliment; they will be of particular interest to some of our feminists.

Fortunately, some men do have a good opinion of Woman, and those men go far towards redeeming the unkindness, uncharitableness and colossal conceit of the average man.

I will begin with some brief complimentary statements by a well-known Professor, Dr. P. J. Moebius. Prof. Moebius is deeply convinced that woman is weakminded, and that with her it is physiological. Here is what he says:

Somebody has said that a normal woman must be "healthy and stupid." This sounds paradoxical, but it is true. Too much intellectual activity makes woman not only perverse, but also sick.

If woman wants to be able to fulfil her natural duties, she cannot emulate man. Those geese with their newfangled notions are neither good to bear nor to rear children.

Woman stands, somatically and psychically, between child and man.

The child has a relatively bigger head than man; woman's head is not only absolutely but also relatively smaller than the head of man.

The most important parts of the brain are in woman less developed than in man; this difference is already apparent at birth.

Weakmindedness in woman *does not only exist, but is necessary;* it is not only a physiological fact, but a physiological postulate.

A mother cannot have the brain of a man.

If it was possible to develop the mental faculties of woman up to the standard of man, her sexual organs would atrophy and

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she would degenerate into a useless repulsive hermaphrodite. So much for Moebius.

Nietzsche was of a similar opinion. He said that a woman who wants to study must have something the matter with her sexuality. He was very much afraid of woman's emancipation.

The Disenchantment of woman, he feared, the Prosaification of woman, is slowly approaching.

The emancipation of woman is a stupidity, a stupidity of man, of which a successful woman who is always a clever woman, ought to be ashamed. The emancipation of woman is a defeminization. One will make even freethinkers and authors of women, as if a woman without piety was not something perfectly repulsive and ridiculous even to an atheistic man.

And in Lessing's Emilia Galotti somebody remarks that a woman who thinks is as nauseating as a man who rouges.

And similarly De Maître, who gallantly says that woman can distinguish herself only as woman; she makes a monkey of herself as soon as she tries to emulate man.

Weininger did not love woman either. Below are some of his opinions. But let us remember that like Nietzsche he went insane, and committed suicide.

Woman is not naturally evil or anti-moral, she is merely a-moral, in other words, she is destitute of what is commonly called "moral sense."

Woman is *only* sexual, man is *also* sexual.... In woman sexuality is diffused over the whole body, every contact on whatever part excites her sexually.

The sex element is part of her whole nature.

Woman's chief function is the procreation of the whole race.

The female criminal often claims to be fully justified when she has committed the greatest conceivable infamy. A woman will express her astonishment and indignation that anyone can doubt her perfect right to act as she has done. The female criminal is convinced of the maliciousness of her accusers, and no man can convince her that she has done wrong.

La Bruyère did not think much of learned women, either, but differing from the brutality of Moebius and Nietzsche, he clothed his opinions in such gentle and beautiful words that the sting is all taken out of them.

We regard a learned woman, he said, as we do a beautiful weapon; it is embossed artistically, finely polished, and of firstrate workmanship; it is a cabinet curiosity, to be shown to the curious, is of no use, serves neither for war, nor for the chase; no more than a riding school horse, whatever may be its training.

And he admitted that women can be better than men.

"Women are ever in extremes; they are either better or worse than men," he said.

One of the bitterest misogynists is Belfort Bax. He would

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want that woman be punished more severely than man for the same crime.

"It is a well known fact," he says, "attested by all physiologists no less than by common observation, that the constitutional toughness and power of endurance of woman in general far exceeds that of man. This resilient power of the system, its capacity for enduring strain, is by no means necessarily a characteristic of a specially high stage of organic evolution. We find it in many orders of invertebrate animals in striking forms. The existence of this greater constitutional strength or resistant power in the female than in the male organic system—as crucially instanced by the markedly greater death-rate of boys than of girls in infancy and early childhood—should, in respect of severity of punishment, prison, treatment, etc., be a strong counter-argument against the plea for leniency or immunity in the case of female criminals."

The great Buddha, like many other religious founders, did not think much of woman. He, like they, feared the attraction of her flesh.

Women, as a rule, he tells us, are scant in wisdom and deeply immersed in vanity.

Better to fall into the fierce tiger's mouth, or under the sharp knife of the executioner, than to dwell with a woman.

A woman of the world is anxious to exhibit her form and shape, whether walking, standing, sitting, or sleeping. Even when represented as a picture, she desires to captivate with the charms of her beauty, and thus to rob men of their steadfast heart.

But let us leave the unkind remarks about the sex which coarse man has always misunderstood, and let us be grateful that there were some specimens of the masculine gender who appreciated woman's true worth.

Diderot tells us, and he says as beautifully as only a Frenchman can, that to describe woman, the pen should be dipped in the colors of the rainbow, and the paper dried with the dust gathered from the wings of a butterfly.

Thackeray says: "A good woman is the loveliest flower that blooms under heaven; and we look with love and wonder upon its silent grace, its pure fragrance, its delicate bloom of beauty."

Woman, once made equal to man, becomes his superior.—Socrates.

And the dyspeptic Voltaire thinks that "all the reasoning of men is not worth one sentiment of women."

O, if the loving, closed heart of a good woman should open before a man, how much concentrated tenderness, how many veiled sacrifices and dumb virtues would he see reposing therein! —So says Jean Paul Richter, and with these words we shall close for the present. Perhaps I shall continue the subject at some future time.

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Laziness.

Is there such a thing as laziness, pure and simple, a mere disinclination to work, without any underlying cause? We doubt it. In fact, we deny it. It may be taken as a general rule that disinclination to work is due to one of two causes: either weakness or disease, or to the uncongeniality and difficulty of the task. For a person who has strength and energy it is as difficult *not* to work, as it is for the weak person to work. Anemia, malaria, constipation, a low blood pressure, a subnormal temperature or a slightly elevated temperature, toxemia, hookworm, etc., may all induce a strong disinclination to work, either physical or mental. Also, a person with no musical talent or no mathematical ability will find it very irksome or painful to practice music or study trigonometry. But the fact is that the healthy individual is eager to work, provided the work is not too monotonous or above the person's capacities. And before we accuse anybody of laziness, we should subject him or her to a thoro physical examination. We might discover hitherto unsuspected causes for this so-called "laziness."

The Cold Fresh Air Craze.

In the course of an article on Pneumonia in Early Infancy and Childhood (*Jour. A. M. A.*, 11, 17, '17.) Dr. Henry Koplik calls attention to the prevailing exploitation of cold fresh air in the treatment of pneumonia as tho there were something in the freezing air that could act as a specific in bringing about a favorable result. Careful study has convinced the writer that both infants and young children stand cold very badly. Some infants when placed warmly bundled up in a cold room with open windows, grow cyanosed and the whole system seems to be depressed. The author thinks the correct procedure consists in a middle course of giving fresh air which is at a temperature that is not uncomfortable to the nurse. A room in which the incoming air passes over a warm radiator seems to offer the ideal condition.

We consider the above warning quite timely. Whatever one may think of cold and cold air for robust adults, children do not thrive well in a low temperature, and we must not permit our common sense to be obscured by questionable fads.

The Only Way.

The best way to do good to mankind is to do good to individual man, here and to-day, and the surest means to relieve the sorrows of the world is to help the one poor Lazarus lying full of sores at the gate.

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Original Articles and Translations

For The Critic and Guide.

SUPERSTITIONS OF PREGNANT WOMEN.

BY PROFESSOR PAUL BARTELS.

In many countries the belief in teratogenic influences upon pregnant women is quite general: if a gravida takes fright at the sudden vision of something hideous, crippled, or deformed, the embryo is injured, and in some part of its body the child will bear a mark of the thing seen by the mother.

It is not so very long ago that educated persons in general, and even physicians, sought the cause of a malformation of the child in a maternal impression during pregnancy.

When a young mother had borne a deformed child, she always, of course, was able to remember that during the nine months of gestation she had seen or taken fright at something disgusting, in which she saw the causative factor of the child's malformation.

Thus in Germany the belief prevails that the skin of the child will show a fire-mole if during pregnancy the mother was frightened by a fire, or if she suddenly saw someone bleeding. The fire-mole is the suggestion of the bleeding spot.

Being frightened by animals is also considered dangerous. If the pregnant woman was shocked by the sight of an animal, the child will be born with a hairy mole, a hare-lip, a pig-tail, a goat-foot, etc. If the animal had just been killed, the child will be born with an open belly and protruding intestines. If the mother is frightened by a hare and touches her face, the child will be born with a hare-lip, or a hare-head.

In Serbia, if a pregnant woman treads on the blood of a pig just slaughtered, her child will be marked by red spots.

In Iceland if she touches accidentally a mouse, or a strawberry, she must clasp a piece of wood before she touches her own body, otherwise at the same spot the skin of the child will be marked with the picture of a mouse or a strawberry.

Similar beliefs prevail in Little Russia.

Pictures and sculptures may also exercise teratogenic influences.

In the Talmud we find the following story:

"Once upon a time a Moor married a Mooress who gave birth to a white boy. The father took the child, went to the Rabbi and said: "Maybe, this is not my son." The Rabbi asked: "Hast thou pictures in thy house?" "Yes, Sir." "Are they black or white?" "White." "Therefore hast thou a white son," was the Rabbi's answer.

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During the 13th century pope Martin IV had taken from his palace all pictorial representations of the bear which was in his coat of arms, because a lady of his court had taken fright at it and given birth to a child whose whole body was covered with hair.

In Transylvania, pregnant women are advised either to look away or to *view closely* things which might frighten them.

We have scant information as to the extent this belief is shared by non-European nations. It is probable that in ancient India they believed in birthmarks from maternal impressions.

A Chinese physician says: "Let no pregnant woman look upon hares, mice, hedgehogs, tortoises, otters, frogs, toads, etc."

In Ambou a pregnant woman must not look at serpents and monkeys.

The Atjehes believe that during the first 140 days of pregnancy a woman was frightened by the sight of a monkey, a serpent, a crocodile, etc., if her child bears a mark which suggests one of these animals.

The primitive tribes of America, e.g., the Orinoco Indians, the Maori of New Zealand, the Wakamba in Eastern Africa, believe in maternal impressions.

It cannot be doubted that the nervous system and the blood circulation of a pregnant woman are affected by mental agitations and a sudden fright may produce disturbances in the growth of the embryo.

Hennig, the well-known gynecologist of Leipsic, Germany, declares positively that the child in the uterus is injured by a mother's fright. This is his theory: [to us quite unintelligible.]

"During the bodily shock which is always caused by fright, apart from the known precordial irradiation feeling, a centrifugal (brain-) stream strikes the very irritable connecting paths which are spread out from the spine to the network of the uterus. That this psychic irritation does not strike immediately the plexus spermaticus, is proven by the fact that women under the influence of violent mental agitations do not, as a rule, indicate hypogastric pains but an abrupt central pain or convulsion in the region of the womb. This pain has the tendency to affect the muscles of the legs with a temporary reflex paralysis. If there is a young ovum in the uterus I imagine that the pang stirs a wave in the seminal fluid. This wave dashes against the wall of the vagina, presses the fruit either downward, or, while rebounding, against the bottom of the uterus, and occasionally rebounding from above. During this process the tender structure of the embryo is liable to be distorted, the fissures are impeded from closing or are torn asunder again, the limbs are displaced and disturbed in their growth.

"The generalizing method of teratology as it was formerly employed, loses its support by the fact that the fright which, according to the statement of the mother, caused the malforma-

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tion, occurred in most cases during the last months of pregnancy while the respective monstrosities correspond to certain stages of development in the womb, as the genesis proves in an undisputable manner. Those stages were preserved in those monstrosities by a retardation of the formative process."

We maintain a decidedly sceptical attitude towards all attempts to see in the fears and beliefs of pregnant women more than groundless superstitions.

For THE CRITIC AND GUIDE.

THE STORY OF THE JUKES.

Many people are familiar with the name of "The Jukes", but very few know the history of the family, or any of the details of the descendants of Max Juke, who has served as the horrible example *par excellence* for so many years to real and amateur eugenists. We have been asked a number of times by our readers to give a brief outline of the history of the Jukes and we herewith comply with their request.

In 1874, the New York Prison Association appointed Mr. Robert L. Dugdale to visit thirteen of the county jails of the State of New York and report on them. Mr. Dugdale found among the prisoners in one county six persons who turned out to be blood relations. They all belonged to a long lineage reaching back to the early colonists, and had intermarried so slightly with the immigrant population of the old world that they may be called a strictly American family. They had lived in the same locality for generations and were so despised by the reputable community that their family name had come to be used generically as a term of reproach.

The immediate blood relations of the above six persons were offenders against the law, in a higher or lesser degree. Their offences were murder, assault and battery, grand larceny, burglary, theft, forgery, cruelty to animals, fornication, rape, incest, prostitution and vagrancy.

The progenitor of this race of male and female outcasts was a man by the name of Max Juke*, born between the years 1720 and 1740, a descendant of early Dutch settlers. His home was at the forest-covered margin of five lakes, so rocky as to be at some parts inaccessible. There most of his ancestors lived in log or stone houses, and unto this day some of the Jukes occupy the self-same shanties built over two centuries ago. Max Juke was a hunter and a fisher, a jolly and companionable fellow, averse to steady toil, working hard by spurts and idling by turns. He had numerous children and grandchildren. Two of his sons married two out of six sisters who were born between the year 1740 and 1770. It is probable that some of these sisters were illegitimate.

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* Juke is not the real name of the family, but a pseudonym. A pseudonym was very properly used by the author, to save the decent members of the family from unnecessary aspersions.

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One of them who is known to the public as "Margaret, the Mother of Criminals," had one illegitimate son who is the ancestor of the distinctly criminal branch of the family. Two of his sons, tho never sent to prison, were notorious petty thieves and the fathers of convicted criminals, while two of their daughters were the mothers of criminals. None of the legitimate children or grandchildren of Margaret are known to have been criminals.

But while the children and grandchildren of Margaret's oldest son were criminals, the majority of them were legitimate. Thus we find forty legitimates and five illegitimates among the descendants.

Of the children of a younger of Margaret's sisters the first four were illegitimate, three of them mulattoes. These three boys were, on the whole, more successful in life than the average of the Jukes. They all three acquired property, the youngest being the father of one child who was successful in life, also accumulating property.

The children of another sister, almost all of whom were legitimate, show a widespread and almost unbroken record of pauperism.

From these considerations and others it follows that illegitimacy is not necessarily the cause of crime and pauperism.

Now let us return to the members of the Jukes family whom Mr. Dugdale met on his tour of inspection.

Two of them were brothers, of the sixth generation, aged respectively 19 and 14, accused of an assault with intent to kill, they having maliciously pushed a child over a high cliff and nearly killed him. Of these two youthful miscreants one was discharged by the Grand Jury, the eldest one was tried and received five years imprisonment in Sing Sing. This boy was the second illegitimate child of his mother, but probably not of his father; the latter was the first illegitimate child of his mother by a man from outside the Jukes line. There is no evidence that the mother was a criminal, but her father was a petty thief.

Another member of the six Jukes mentioned above, was a man of 55, waiting trial for receiving stolen goods; his daughter, aged 18, was held as witness against him; her uncle, aged 42, burglary in the first degree; the illegitimate daughter of the latter's wife, aged 12, upon which child the latter had attempted rape, to be sent to the reformatory for vagrancy.

Upon trial the man aged 55 was acquitted, tho the stolen goods were found in his house; the guilt belonged to his brother-in-law, the man aged 42, who was living in the house. This brother-in-law was an illegitimate child, an habitual criminal and the son of an unpunished and cautious thief. He had two brothers and one sister, all of whom were thieves, the sister being the contriver of crime, they its executors. They lived in a

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settlement mainly composed of their own relatives, situated in the woods around a chain of lakes. The great proportion of these people had recourse to petty theft to help out their uncertain incomes, going on excursions of several miles during the night, and robbing hen-roosts, stripping clothes-lines, breaking into smoke-houses and stealing hams, corn, and wood with which to make axe-handles, baskets or chair-bottoms. With the increase of the wealth of the community the field of their activities became larger and their offenses more grave than those of the previous generation.

Going down to the sixth generation, the author shows us a boy, 17 years of age. He is a grandson of the above mentioned cautious thief who was never convicted, and the son of a father who served a five-year sentence in state prison for a rape on his niece in her twelfth year, after having been in county jail twice for assault and battery. Thus the father being in prison, the boy is suddenly deprived of support. He is in want. His mother goes to the poor-house with the younger children, while he will not go to the county-house with his mother; he feels it is more independent to steal and run the risks. Thus he takes up the life of a vagrant, picking up his living as best he can.

The author points out that the misfortunes of one generation which throws the parents into an almshouse, may be the foundation of a criminal career for that generation if the children are of enterprising disposition; and of pauperism if they are of a low vitality.

Passing from the actual record the author submits an estimate of the damage the family has done to the community.

The progeny traced until the year 1874, stretches over seven generations if we count Max as the first. The number of descendants registered includes 540 individuals who are related by blood to the Jukes, and 169 by marriage and cohabitation; in all 709 persons of all ages, alive and dead. The aggregate of this lineage reaches 1200 persons, and according to a detailed estimate by Mr. Dugdale that family cost the State of New York over a million and a quarter dollars in the course of about seventy-five years.

Such is the brief history of the famous family of the Jukes, which has been held up for the last forty years as a terrible example of what bad heredity may do to you. I referred briefly in my book on Eugenics to Mr. Juke and his descendants who have proved such a gold mine to the amateur eugenist, and stated it as my opinion that the greater part of their misdeeds might be accounted for by poverty and environment. The author himself says, (p. 113, fourth edition, 1910) that he has shown in *The Jukes* "that heredity depends upon the *permanence* of the environment, and that a change in the environment may produce an entire change in the career, which in the course of

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greater or less length of time, according to varying circumstances, will produce an *actual change* in the character of the individual." And again (p. 66): "Environment is the ultimate controlling factor in determining careers, placing heredity itself as an organized result of invariable environment."

For THE CRITIC AND GUIDE.

TELEGONY.

Telegony is the name given to the supposed fact that the offspring of a mother by one sire may inherit characteristics from a previous sire by whom the mother had *previously* been pregnant. Both naturalists and breeders are most anxious to ascertain whether what has frequently been termed the *infection of the germ* is possible. That the first impregnation has a *lasting influence* has long been believed by breeders, and many naturalists have admitted the possibility of the previous sire influencing the after progeny, i.e., leading to an extraordinary kind of reversion, of *"throwing back."*

Weismann ("The Germplasm") tho himself not a believer in telegony thinks that it might be accounted for by supposing that some of the germplasm of the first sire reached and penetrated some of the immature ova as well as the mature one from which the first embryo was developed.

If telegony is due to *mental impressions* as Sir Everard Home (Home, *Lectures on Comparative Anatomy,* vol. III, p. 307. 1823) and many others since then have believed, the subsequent progeny might very well resemble the previous sire. It is widely and firmly believed that the offspring might be influenced thru the *mind of the mother.*

Herbert Spencer (*Contemporary Review,* March 1893) believes telegony is due to a kind of *pangenesis* that "while the reproductive cells multiply and arrange themselves during the evolution (development) of the embryo, some of their germplasms pass into the parental body," to eventually reach and be afterwards included in the reproductive cells subsequently formed. Herbert Spencer has felt most satisfied as to the fact of telegony. In *"The Sportsman"* (Jan. 3rd, 1896) one of the most influential men in racing circles, writes: "There would seem to be gentlemen who are as yet unaware that previous matings do undoubtedly in many cases exercise an influence on all the subsequent stock of a mare or other female animals. I should never have expected to find anyone disputing this undoubted fact, and the only question appeared to be whether the old theory which ascribed it to the *imagination of the mother* [certainly a ridiculous hypothesis.—W. J. R.] or some equally unsatisfactory cause, should not be replaced by the infinitely more sensible doctrine of *Saturation* which is thus defined by Bruce Lowe:

Briefly put, it (Saturation) means that with each mating and bearing the dam absorbs some of the nature or actual cir-

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culation of the yet unborn foal, until she eventually becomes *saturated* with the sire's nature or blood as the case may be (Bruce Lowe, *Breeding of the Figure System*). I confess that this theory has always appeared to me as a most reasonable one.... It would not be difficult to furnish hundreds or even thousands of instances."

In a subsequent letter the same writer says: "I should as soon have expected anyone to boldly contend that the earth is not round, as to deny the existence of this influence, i.e., *influence of the previous sire.*"

Another writer in the *"Sportsman"* tells us that an experienced veterinary surgeon often said to him: "It is of the greatest importance to mate your mare the first time with a good horse; she will always *throw towards him.*"

In an interesting paper on mules J. H. Steel, principal of the Bombay Veterinary College (*Journal of the Bombay Nat. Hist. Soc.* vol. V, 1890) says: "An extraordinary influence is exerted on the system of a mare becoming the mother of a mule, insofar as her progeny in the future is liable to a taint indicated by asinine character cropping up. Thus no broodmare of high value should be made to throw a mule."

The subject possesses a fascinating interest, but we cannot yet speak of it with finality, and the question of the existence or non-existence of such a thing as telegony cannot yet be answered dogmatically. The question is not a purely academic one; it possesses also real human interest. A white woman who with or against her will had been pregnant by a negro, is ever afterward in great fear that perhaps her subsequent legitimate children by a white father might be born black. Some people assert that there have been many such cases; others deny that there is a single such authenticated case on record. Further investigation will be required before a final conclusion can be reached on the subject of telegony; all I can say at present is that *scientists* are skeptical as to the fact of the existence of such a phenomenon.

In this connection, Weininger's words on Telegony are of interest.

White women who have borne a child to a black man, are said, if they bear children afterwards to white men, to have retained enough impressions from the first mate to show an effect on the subsequent children.... And so also the motherly woman, thruout her whole life, is impressed by lovers, by voices, by words, by inanimate things. All the influences that come to her she turns to the purpose of her being, to the shaping of her child, and the "actual" father has to share his paternity with perhaps other men and many other things. The woman is impregnated not only thru the genital tract but thru every fibre of her being. All life makes an impression on her and throws its image on her child.

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Therapeutic Guide

Sodium Cacodylate in Malaria.

In a letter to the Am. J. of Clin. Med. (July, 1917), a prominent physician says that some years ago a woman who could not take quinine even in minute doses, contracted malaria. As her chills were increasing in severity the writer decided to try sodium cacodylate. He gave her, hypodermically, the contents of a 2-grain ampule soon after a chill. The next day, at about the same time, he injected a 3-4 grain ampuleful. This was continued until she had received daily for eleven days the contents of a 3-4 grain ampule. The chill due the second day after the first injection of 2 grains did not occur, and she had no more chills or headache. The next malaria-patient coming to the writer could take quinine, but the effects of the cacodylate had been so much more pleasant in the other case that he used it in this one, injecting 2 grains every other day. He has now treated altogether 4 cases, and only one patient had a chill after the first injection, and then only that one chill. He told many of his friends about it, and they have tried the cacodylate with equal success. The writer would never willingly use quinine again to *cure* malaria. He would *cure* the infection with the cacodylate but to those who can take quinine he would give it in doses of not over 2 grains three times a day, for its tonic effects.

Medical Treatment of Appendicitis.

Dr. John Laird (*The Prescriber*) advocates the medicinal treatment of appendicitis. He prescribes complete rest in bed combined with rest for the digestive organs. For the first twenty-four hours as little food as possible, and subsequently nutriment of the lightest and most digestible kind; clearing out of the intestinal tract so that no refuse matter may remain to aggravate the local irritation. The writer is opposed to the use of any of the ordinary purgative drugs which increase peristaltic action of the bowel when rest is absolutely necessary. He recommends the following remedy:

℞	Magnesii sulphat	℥i
	Liq. morph. hydrochlor.	mxxiv
	Tinct. belladonnae	mxxiv
	Spirit. chloroformi	℥i
	Syrup. zingib	℥i
	Aqu. menth. pip.	ad ℥viii

M. Sig. One-eighth part to be taken in the same quantity of water every second or third hour. This combination to be

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given until the bowels act freely. As a preliminary measure, a soap and water enema to clear out the rectum. Convalescents to be very careful subsequently as to their diet and the state of their bowels.

History of Some Drugs.

Most drugs are of very humble if not obscure origin. The use of a large majority has originated with aboriginal peoples, who in turn have spread their knowledge amongst primitive settlers. Baron Stoerck, of Vienna, introduced aconite into legitimate medicine, getting his knowledge from folk use. Stoerck similarly introduced pulsatilla, conium and other important drugs which have gone thru a similar history. Digitalis originated as a domestic medicine in England. It was rescued from its dangerous employment by an old woman by Dr. William Withering and introduced by him into legitimate medicine. Quassia was brought to medical notice by a negro slave, Quassi by name. It was introduced into general medicine by Dr. John Lindsay, of Jamaica, in 1791. Gelsemium has its origin as a medicine with the Southern planters. Ergot was used in the middle ages by peasants as an ecbolic and parturient, and was introduced into American medicine by Dr. John Stearns, of Waterford, N. Y. Black haw, a domestic medicine, was introduced into medicine by John King. Ipecac was introduced intc legitimate medicine by Helvetius, a Dutch doctor. Coca, long in use by the Indians of the Peruvian Andes, yields the alkaloid cocaine, long known before its great and dominant action was discovered by Kohler, who thus introduced the great local anesthetic into medicine. Epsom salts came into notice thru the fastidious taste of a drove of cows who refused to drink of the water of Epsom Spring. Echinacea, first an aboriginal medicine, barely escaped wide exploitation as a "quack medicine" at the hands of an illiterate but shrewd herb doctor, and was finally introduced into current medicine by Prof. John King.—*Eclect. M. Journal.*

Head Colds.

In discussing head colds, Dr. Thomas F. Reilly (*A. J. Med. Sc.*) points to infection as the probable cause in most of these cases and emphasizes the fact that a fair proportion of postoperative pneumonias is due to infection of the patient by the anesthetist who is suffering from a head cold himself. Altho there is no specific for the cure of a head cold, the writer claims that we can at least lessen symptoms, prevent complications, and hasten recovery from this ailment which is the cause of a vast monetary loss as well as an inestimable amount of suffering and pain. He has no faith in the efficacy of any abortive treatment, and insists on a restriction of the diet as the first thing to be done and then on early and often repeated purgations. A hot

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mustard foot bath is particularly valuable on the first and second day of the cold. Draughts, wet feet and crowded places must be avoided. The use of alcohol in the form of beer, whiskey or rum is absolutely contra-indicated; the taking of even small quantities of beer or whiskey impedes recovery. The writer disparages the use of quinine and Dover's powder. He believes that acetyl-salicylic acid does relieve symptoms; acetphenetidin may be added to it if there is much general soreness and pain. In these cases he regards the local treatment as by far the most important and begins with an alkaline spray under fifteen to twenty pounds air pressure. This is repeated until a mild blowing of the nose is not followed by mucopus. After the alkaline spray the following spray is used: Acid carbolic,, M. iij; iodi, potassii iodidi āā gr. vj; aquæ menth., glycerini, āā ℥ss; aq., q. s. ad ℥iij. This is sprayed until it reaches the throat. After this an oil spray is employed for about two minutes. The composition of this oil spray is as follows: Ol. cloves, Mx; camphomenthol, gr. xxiv; ol. pinus sylvestris, Mxx; liq. petrolatum, q. s. ad ℥iij. When the profuse watery discharge is very troublesome a powder consisting of bismuth subnitrate (dr. ij), starch (dr. j), gum arabic (dr. ss), with menthol (gr. ij) or antipyrin (gr. x), may be snuffed up. This usually gives considerable relief.

In cases of bronchitis following head colds, symptoms are alleviated and recovery is hastened when internal medication by expectorants and narcotics is added to the local treatment as outlined above. It is understood that the above discussion is concerned with cold in the head or coryza, an acute catarrhal affection of the nasal mucous membrane, and not with epidemic influenza which is an entirely different disease.

Bromidrosis.

In bromidrosis and hyperidrosis of the feet, paint the affected parts with 10 to 40 per cent. solution of formalin or with a 10 per cent. solution of silver nitrate followed by a 10 per cent tannoform or salicylic acid powder, which is simply sprayed into the stockings. If there are fissures and rhagades they must be protected by some soothing ointment.—E. A. FISCHKIN: *Clin. Med.*

Treatment of Shock.

Prof. Bayliss (*Arch. Méd. Belges*) in discussing shock with subnormal blood pressure from loss of blood says the first indication is to restore the blood to approximately its normal volume, viscosity and osmotic pressure. In his experiments on animals the author found that the intravenous injection of Ringer's fluid did not restore the blood pressure to normal. Gum acacia at 7 per cent. or gelatin at 6 per cent. seemed to conform to the requirements so far as the viscosity and the

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osmotic pressure were concerned, restoring practically normal conditions in these respects without danger for the animal. A 4 per cent solution of gum acacia with 0.9 per cent sodium chlorid gave excellent results in cats, and a 2 per cent solution has been successfully used in the clinic. Gum acacia already contains calcium and potassium salts. This is the highest concentration used on man known of to date. Gum acacia can be easily sterilized by boiling and filtering thru cloth; it is superior to gelatin on this account.—*Jour. A. M. A.* 11, 17, 17.

Sulphur in Vaginitis.

Francis Philip Gill (*Practitioner*, July, 1917) records two cases of vaginitis which were treated with Sulphur in the form of ointment (precip. sulphur, 2 ounces; soft paraffin, 4 ounces). A piece of lint 2 inches wide and 12 inches long, thickly coated on one side with the ointment, was introduced between the cervix and the posterior fornix. This was done night and morning, preceded by a good vaginal douching of warm water and soap. In the case of uterine or ovarian pain the same ointment can be plastered over the hypogastrium. Sulphur is better than curetting or the application of strong germicides like carbolic acid.

A Remedy for Constipation.

Boil two tablespoonfuls of agar powder or shreds with a quart of water until thoroly liquefied and sweeten the product with lemon juice. This is to be kept hot in a vacuum flask and the entire quart taken, in small portions, in the course of the day. It is best taken between meals.—O. H. BROWN AND W. O. SWEEK: *J. A. M. A.*

Acute Tonsillar Infection.

Put the patient to bed. Give Calomel in ½ grain doses every ten minutes for eight doses. Follow this by eight ounces of solution magnesium citrate, after which a high soapsud enema is given. Sponge the patient with equal parts of alcohol and water every four hours. For the accompanying pain in the joints and general malaise:

Caffeine citrate .....gr. 2
Aspirin .....gr. 4
Sodium bicarbonate .....gr. 3

Give this every three hours, until symptoms are ameliorated. Apply cold to the neck, either ice bag, Leiter coil, or a napkin wrung out of cold water and changed when dry. As gargle use liquor alkalinus antisepticus diluted with equal parts of water. Diet should consist of milk diluted with limewater, seltzer, or vichy, about four ounces every four hours.

—DR. HYMAN SHLAFFIN: *N. Y. M. J.*

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Bronchial Asthma.

Dr. Edward Jepson (*Brit. Med. Jour.*, Nov. 17, 1917) has an experience of more than forty years in the treatment of asthma. For the severe attacks he prescribes a preparation containing grindelia, potassium iodide, nitroglycerin and tincture of euphorbia pilifera. For chronic conditions he recommends a combination of potassium iodide and magnesium sulphate, 5 grains of the former and one drachm of the latter, in an ounce of water, taken three times a day, two hours after a meal. It is necessary first to dissolve the magnesium sulphate in hot water before adding the potassium iodide; if the two salts are mixed without this precaution a solid mass will result. In addition to the drug treatment the writer always gives strict injunctions as to diet.

Neuralgia.

℞ Arseni iodidi .....gr. I
Ext. belladonnæ fol. alc.
Morph. valerianat. .....āā gr. VI
Pulv. ext. gentianæ .....gr. V
Pulv. ext. aconiti .....gr. V
M. et ft. pil. .....No. lx
Sig.: one to three pills a day.

Intestinal Antiseptics.

Under conditions of protein putrefaction in the small intestine, or excessive protein putrefaction in the large, with bad breath, coated tongue and general malaise, the following prescription seems to exert a decidedly beneficial effect:

℞ Fel bovis purif. 3iij
Magnesii carbonatis 3i
P. resinæ podophylli .....gr. ij
Ol. anisi .....gtt. v
Fiant caps. .....No. xxx
Sig.: one capsule two hours after meals.—*Med. Council.*

Gall-Stone.

Look upon every case of stomach trouble as a potential gall-stone breeder, diagnose it carefully, treat it thoroly, and gall-stones will become a curiosity. When you find a gall-stone case treat the gastric condition just as thoroly and when the cause of the formation of gall-stones has been overcome, remove the stones which have already formed.—DR. ESTILL D. HOLLAND: *Jour. Ark. Med. Ass'n.*

Formaldehyde for Pyodermatoses.

Aschner has treated with great success cases of various suppurative affections of the skin, including boils, with 4 per cent formaldehyde solution applied with a brush.
—*Correspondenz-Blatt für Schweizer Aerzte.*

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Chapped and Cracked Lips.

I.

℞ Borax .....½ drachm
Glycerin .....1 ounce
Rose-water .....1 ounce
S. Moisten the lips frequently with the lotion.

II.

Compound tincture of benzoin, 1 ounce; with it pencil lips once or twice a day and follow with the application of a little cold-cream or suet.

Toothache.

Creosote ..... 5 drops
Tincture of opium .....10 drops
Place in the cavity of the tooth a piece of cotton moistened with the mixture.

Scabies.

℞ Creolin ..... 3 iiss
Sapo viridis ..... ℥j
Adipis benzoati q. s. ad .....℥iij
Sig. Rub into diseased area daily. The soap may be omitted if found too irritating to the skin.—*Archives of Pediatrics.*

Bladder Irritability.

This prescription is useful as a remedy in the majority of forms of bladder irritability except where there is strong alkaline decomposition.

℞ Potassii citratis 3ss-j
Sodii bromidi 3ss-j
Tr. belladonnæ .....mxv-xlv
Tr. hyoscyami 3i-3ij
Infusi buchu (recentis) ad..... f℥iij
M. Sig.: Two tablespoonfuls in water every four or six hours.

Tickling Cough.

For the relief of tickling cough, especially that which follows influenza, tuberculous laryngitis, etc., the following mixture is recommended:

℞ Codeinæ 0.1
Acidi citrici 0.3
Syrupi tolutani .....
Syrupi pruni virginianæ ..... } ãã 16.00
Aquæ .....
M. et S.: One tablespoonful.

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Warts.

For the removal of warts the following is a useful combination:

Sulphur sub 3v
Concentrated acetic acid 3iiss
Glycerin 3ij

M. Sig. Apply the paste to the warts on small pieces of linen or spread with a brush at night. Wash off the next morning. Repeat till the warts drop off.

Bronchial Asthma.

℞ Calcium chloride, dry, c. p. .....Gm. 20
Dilute hydrochloric acid. .....Gm. 4
Syrup .....Gm. 200
Water, enough to make .....Gm. 400

Of this, a tablespoonful is to be taken, in half a glass of water, every two hours.—C. KAYSER: *A. J. of Clin. Med.*

Excessive Menstruation in the Unmarried.

Absolute mental and physical rest at the time of the period or better still one or two days before is essential. When the flow is established the foot of the bed should be raised eight to ten inches. The bowels should be properly regulated and a mild, non-stimulating nutritious diet allowed. The following prescription has been found useful in such cases.

℞ Strychninæ sulphatis .....gr. ss
Stypticini .....gr. xij
Hydrastininæ hydrochlor. .....gr. vj
Acidi gallici 3j

M. et ft. cap. no. xij.
Sig.: one capsule four times aday.

In hysterical and emotional patients 15 to 30 grains of sodium bromid with 30 or 40 drops of fluid extract of viburnum prunifolium in a teaspoonful of simple elixir every two or three hours is very useful.—DR. SAMUEL AXILBRAND: *N. Y. M. J.*

Carminative Mixture.

℞ Tinctura calumbæ 3iii
Sp. ammon. aromat. 3iss
Tinct cardamon comp. q. s. ad. .....℥iii

M. Sig. Teaspoonful in water as required.—*Med. Brief.*

Wounds.

The following ointment is a useful antiseptic application for superficial wounds.

℞ Virgin wax .....100 gm.
Olive oil, sterilized .....200 gm.
Balsam of Peru .....3 gm.
Tincture of benzoin .....3 gm.
Chloramine-T .....4.5 gm.

—B DEPLAS: *Presse Méd.*

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Hygiene and Dietetics

How Digestion Affects Efficiency.

Professor Kent of the University of Bristol who was commissioned by the Bristol government to study fatigue found that hurried breakfasts or none at all on the part of employees mean less output from these people in the factory. Kent's observations were made on 2,600 men and a large number of women. He found that between 36 and 37 per cent of the workers examined had trouble with digestion. In several cases workers who produced far below the average were found to be coming to work without breakfast. A change of hours more favorable to a proper allowance for breakfast increased output 12.4 per cent. Women workers are prone to underfeed themselves because they choose delicacies to the exclusion of more substantial food.—*Factory*, July, 1917.

Chewing Gum.

To satisfy the desire of constant gentle stimulation of the nerves of special and general sensation which innervate the mucous membrane of the mouth and nose, man has acquired the habit of chewing something, whether tobacco, betelnut, or gum, and this practice is almost as widespread as the alcoholic habit. Of all the substances so used, gum is probably the most innocuous, and it has the merit to this extent that it replaces others decidedly more injurious. The increase in the flow of saliva and the mechanical action of the gum are probably advantageous results of chewing gum in moderation, after a meal, and that they serve to clean the teeth. The gum habit does not lead to spitting, which is very much in its favor. Those Americans who condemn chewing need not take their compatriots to task for inventing the habit. The practice of chewing gum is of immemorial antiquity.... In the East, among the Moslems, the ritual triple mouth-washing is followed by the chewing of gum. With a tear of gum mastic is taken a minute fragment of bees' wax to give the required consistency.... It is probable that this oriental combination, being free from sugar, is from the dental point of view, more hygienic than the gums we know.—*Interstate Med. Jour.*

Poisonous Beans.

A variety of bean known as the white Burmah or Rangoon bean has been sold in large quantities in the United States and Canada. This bean is poisonous. Analyses of samples show it to contain .028 per cent prussic acid. Cases are on record, in Holland for example, where people have died from eating it. It is a small yellowish bean with marked

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lines radiating from the small eye on the concave surface. These radiating lines and its yellow color serve to distinguish it from the small white bean.—*Toronto Health Bull.*

Lathyrism.

The use of grain mixed with the seeds of a certain pea (Lathyrus cicera) may give rise to a form of paresis known as lathyrism.—Convulsions have been observed in adults after the use of the ordinary fried beans. It is well known that the disciples of Pythagoras were forbidden to eat beans.

Fruit Juices.

For their dietetic value and refreshing qualities fruit juices, especially orange juice and grape juice, enjoy a widespread and growing popularity as agreeable beverages. A glassful of grape juice measuring 7 ounces (210 c.c.) will furnish about 200 calories in the form of sugar; orange juice is about half as rich in food value. Recent analyses indicate that the juice of the loganberry contains from 6 to 8 per cent of sugar which means a fuel value of approximately 300 calories to the liter—*Jour. A. M. A.*

Chestnuts and Acorns as Food.

The horse-chestnut contains 38.9 per cent of water, 4.8 per cent of protein, 4.6 per cent of fat, 50 per cent of carbohydrate: the acorn, 6.3 per cent of water, 5.2 per cent of protein, 43 per cent of fat, 45 per cent of carbohydrate. The most important constituent of both is the carbohydrate, in the form or starch, while the acorn should have further value on account of the substantial proportion of fat which it contains.—*Therap. Gaz.*

Tiberius as Dietician.

Emperor Tiberius used to say he considered a man as a fool who after the thirtieth year of his age consulted physicians respecting diet, because every one, with the least attention, must before that period have discovered what was useful and what was prejudicial to him.—*Hufeland: "Makrobiotik."*

Horse Meat.

Horse meat is a valuable food and in its ability to supply heat and energy and repair waste, it is on a par with beef, lamb, or pork. Horses are practically immune to tuberculosis and are not invaded by the animal parasites that make the consumption of underdone pork and beef dangerous. It is reported that in Cincinnati, O., the initial experiment in the use of horse meat has been a pronounced success. Two horses were slaughtered the first week, four the second and eighteen

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the third. In all about 14,000 pounds have been consumed. The price is from five to ten cents a pound.—*Ohio St. M. J.*, Nov. 1917.

Standard Diet.

The experiments of physiological chemists have shown that an average-sized adult can get along on 118 grams of protein, 500 grams of carbohydrate, and 50 grams of fat a day, which diary yields approximately 3,000 calories. This is considered a "standard" diet and can of course be modified to suit the climate, the amount and character of manual work, as well as the individual's appetite and purse.... It is quite certain that meat in the quantity it is consumed to-day is entirely unnecessary, and it is susceptible of scientific proof that mechanical work is more efficiently and economically derived from carbohydrate food than from meat.—*Med. Record.*

Raw Eggs Objectionable as a Diet.

The prevailing idea that raw eggs are easily digested is wrong. Numerous instances can be quoted to show that raw eggs may cause diarrhea and vomiting, and that the utilization of the whites in the human alimentary tract is often found to be as low as 50%. A substance which fails to stimulate a flow of gastric juice and is antipeptic, which hurries from the stomach, calls forth no flow of bile, and strongly resists the action of trypsin has little to recommend it as a foodstuff. Heating to 70 degrees centigrade (158 F.) removes the partial indigestibility and makes of the white of egg a readily assimilable nutrient.—*Bateman.*

The Cause of Man's Timidity.

Man is prone to deprecate natural processes and appetites as base; to deplore the "utilitarian" in life and in philosophy; and to account for vital manifestations on the ground of an extraneous supernatural will. Undoubtedly this tendency is a relic of a long period of bodily persecution, of dread of superior foes, during which, by superstitious worship, by sacrifice and by pretending to despise life, men sought to enlist the protection or to divert the interest of unseen superiors. Galton has shown that timidity and lack of self-confidence are qualities common to all animals of gregarious habits, in which, because of their advantage to herd life, these characters have been developed and perpetuated by natural selection. He shows also that these same instincts in man, his lack of independence, and his subservience to tradition, authority and custom are the result of enforced subjection to the will of the clan, during the long period of adaptation thru social coordination.—GEORGE W. CRILE: *Man —An Adaptive Mechanism.*

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Fruit Ingestion and Cutaneous Diseases.

Dr. Anstruther Davidson (*Jour. Cut. Dis.*, Oct., 1917) presents an indictment against fresh fruits as causing a great deal of sickness, chiefly in childhood and early life. The well known fact that Linnaeus cured himself of the gout by the liberal use of strawberries is credited to the substitution of the strawberry for the meat. According to the writer, fruit cures, as, e.g., the grape cure, are in reality simply starvation cures and only of value to overfed or underexercised individuals. Of all California fruits, in his opinion, the chief offender is the orange, being outranked by the strawberry as a cause of urticaria, but the orange is more prone to cause symptoms which are classed under the term of biliousness. The writer assumes that urticaria and many of the eczemas of childhood are the expression of the anaphylaxis produced by the protein of the fruit, but he thinks the evil lies wholly in the pulp or cellulose, the juice being perfectly wholesome, and that perhaps all convulsions in children not typically epileptic are due to this cellulose protein poison. However, only fresh oranges exhibit their poisonous qualities; when cold stored for a few weeks they may be eaten with impunity. Cooking renders innocuous the proteid elements in all fruits. Dried fruits, such as dates, figs and raisins, have apparently no direct action on the skin.

Rest Not—Rust Not.

Dr. Malford Thewlis (*Med. Rev. of Rev.*, November, 1917) has observed a number of aged patients in whom the lack of exercise had produced a toxemia, especially from renal origin. They always improved when they were forced to move about; work was the best remedy for them. The author once found a letter in the pocket of a suicide who had written to his brother that he could not find work, everyone saying that he was too old to work. Old age to most persons is a death-warrant. When they begin to think of old age they become depressed. For a solution of many of the problems of senility the writer proposes that appropriate work be given to the aged. Work improves their mental condition and prevents the development of toxemias. Business firms could find some employment for old men and women. We should pension the aged and take proper care of them for they fondled us in our infancy, protected us and deprived themselves of many necessities in order to educate us and provide for us. If the aged are poor give them money occasionally. A five dollar note in the pocket of a poor old man makes him feel better than anything else. Proper work, money, attention, kindliness would prevent or at least modify many diseases in the aged and improve their mental conditions.

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Eugenics and Sexology

Fear and the Sex Instinct.

The suppression of the sexual instinct by conflict is one of the most notorious experiences of everyday life. This instinct cannot be excited during an attack of fear or anger, and even during moments of its excitation, if there is an invasion of another strong emotion, the sexual instinct is at once repressed. Under these circumstances, as with other instincts, even habitual excitants can no longer irritate the instinctive process.

—PRINCE: *The Unconscious.*

The First Form of Life on the Globe.

Blue-green algae are supposed to represent the earliest living thing in the world; if this assumption be correct their spores must have been brought here from some other planet. propelled by waves of light. Unless they came from our own solar system, they must have travelled for at least nine thousand years before reaching the earth. They can live in hot springs, get their food exclusively from minerals, and are little different from bacteria in structure.—*Jour. of Heredity.*

Ova and Spermatozoa.

The two ovaries of a woman shortly after the onset of puberty are estimated to contain seventy-two thousand so-called primitive eggs of which, it is believed, not more than about four hundred become mature and are discharged. It has been estimated that in the period of thirty years between the twenty-fifth and the fifty-fifth year of manhood, one individual will produce the prodigious number of 339,385,500,000 spermatozoa.

Man and Woman.

Man and Woman are, physiologically, different Species.—LOEB.

An interesting phenomenon is the fact that it is in man more often than in woman that increased energy transformation leads to cardiovascular disease, diabetes and nephritis. Man, more than woman, is subject to cardiovascular and cardio-renal disease; to thrombo-angiitis obliterans and to diabetes. Woman, on the other hand, is the more frequent sufferer from diseases of the thyroid gland.... The adrenals pre-eminently control the mechanism for increasing motor efficiency during short periods of increased transformation of energy. The adrenals are the organs most heavily involved in muscular work. On the other hand, the thyroid controls the mechanism which regulates energy transformation during longer periods of increased activities. It is known that the

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thyroid enlarges during sustained periods of increased activity, especially during infection, adolescence and pregnancy. Thruout the ages of evolution, the male has been chiefly the motor member of the family; he has been, not exclusively, but for the most part, the hunter, the fighter, the searcher for food,—activities which have required increased transformation of energy during short periods of time, with proportionally heavy demands upon the acid-neutralizing mechanism of the body. The female on the other hand, has borne the burden of procreation and of the lighter but more constant domestic tasks, and has been correspondingly dependent upon the mechanism for sustained physiologic efficiency represented chiefly by the thyroid. This age-long differentiation may conceivably have let to a corresponding differentiation in the physiologic expression of emotion, with a corresponding differentiation in the diseases caused by emotion.—So says Dr. George W. Crile in his thought-provoking book, *Man—An Adaptive Mechanism.*

Nature versus Eugenics.

...Perchance now as heretofore the wisdom hidden from the wealthy and wise is revealed unto the poor and ignorant. Why not? As the divine instinct of the people can be trusted safely to govern a State despite their passions, prejudices and ignorance, it may surely be trusted to order their reproductive function aright. Be that as it may, this much is certain—that life will lust to live and will live while it can in spite of reason and in defiance of eugenic precepts.

—DR. HENRY MAUDSLEY: *Organic To Human.*

[This *is* piffle and I am surprised it should have come from the brain and pen of a man like Dr. Maudsley. "The divine instinct of the people can be trusted safely to govern a state," etc. Can it? If the government of Europe were in the hands of out and out lunatics it could not have been mismanaged in a worse manner and could not have led to direr results.]

"Neuropathic Stock."

The "neuropathic stock," like the "stigmata of degeneracy," is, in the great majority of cases, a figment. When we have a patient who is mad, or who is a moral imbecile, we inquire into his family history, and if we find one or more relatives, nearer or more remote, who had some nervous or mental defect, we set the patient down at once as coming from a "neuropathic stock;" but if we made the same inquiry with respect to anyone else, should we not arrive at the same result? What proportion of the population would not be found to come of a neuropathic stock if such inquiry were made? In my opinion, and I speak as the result of a

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lifetime of such inquiries, the proportion would be neglectably small. Practically everyone comes from neuropathic stock. —DR. CHARLES MERCIER.

[Good for Dr. Mercier. We have been saying the same thing—oh, for ever so long.]

Abnormal Self-Consciousness in Children.

...That small children should be "seen and not heard" is a maxim based on an enlightened psychology. The abnormal self-consciousness... can easily develop into an incurable egomania... No child should be encouraged to repeat poetry before his mother's guests, or praised for his pretty curls... The less he thinks of himself the better.... Both boys and girls should be taught to endure; to neglect trifling aches and pains, and seek for a remedy rather than cry over the trouble. Self-command and self-control are the noblest things a man can strive for, and he will never gain them unless he began learning in infancy to fix his thought and will upon things outside himself.—*Pediatrics.*

Vicarious Nasal Menstruation.

Women are occasionally found in whom the menstrual function is heralded or established by a discharge of blood from the nostrils. This hemorrhage, which may be accompanied by other phenomena referable to the nose, such as sneezing, etc., may be replaced afterwards by the uterine flow, but sometimes continues thruout the menstrual life of the individual. Hemorrhage from the nose may occur as the vicarious representative of menstruation during pregnancy, towards the close of menstrual life as the premature or normal herald of the menopause; or it may be observed as a recurring phenomenon after the establishment of the change of life or after the removal of the uterus or its appendages. These vicarious hemorrhages, are, moreover, not confined to women, but make their appearance not infrequently in boys at or near the age of puberty, upon the full development of the sexual powers.—DR. JOHN N. MACKENZIE: *Johns Hopkins Hosp. Bull.*, Jan. 1898.

Advice to Laymen on Syphilis.

In the *Annales des Mal. Vén.*, April 1917, Dr. L. Bory offers some rules for the guidance of syphilitic patients. In the first place, he writes, syphilis is easily recognizable. As soon as you notice the least excoriation, a small pimple on your genitals or mouth, particularly on the lips, go and consult a physician. The pharmacist can sell you excellent remedies, but he is unable to explain to you the exact nature and consequences of your trouble. If you have pain in the throat, persistent headaches, loss of voice without having caught cold, redness spreading over your whole

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body, ulcerations in the anus—all such symptoms must arouse your suspicion and impress you with the urgent necessity of medical aid. Before you know what ails you, keep your utensils, especially your drinking glass, exclusively for your own personal use, kiss nobody, and abstain from sexual intercourse.

In the second place, you ought to understand that there is no such thing as a shameful disease; like every other evil, syphilis must be met with an open vizor; be not afraid to talk about it nor let fear consume you when syphilis has attacked you.

In the third place, you ought to know that syphilis is a curable disease; it's up to you to get rid of it. Yet, you must be willing and energetic. You will be under no other obligations than to be treated for several years. This will not prevent you from living well nor from being happy, provided that you regulate your mode of living and commit no excesses. Moreover, remember that syphilis is a serious disease which you ought not neglect. Syphilis acts slowly, surreptitiously, and often without causing any noticeable suffering in its incipient stage. It may not trouble you in your every day affairs, for its workings are deep and do not produce any noticeable alterations in your health, until, one day, it will drop its mask—but then it will be too late to check its progress. The most dangerous form is untreated syphilis which will not manifest its presence by any symptoms, putting to sleep your suspicion and making you believe in its mild nature. Syphilis is a menace to yourself as well as to those that are near and dear to you, your wife, your children, your parents, your friends, and the danger to which they are exposed increases with the greater intimacy you approach them.

Syphilis is a contagious disease. The contagiousness is determined by the contact with the mucous membranes of the mouth, nose, genitals, etc., which present such favorable sites for the entrance of the contagion as well as for the development of secondary symptoms.

Under the disguise of love and affection syphilis lays its withering hands on the sources of life itself. Yea, this terrible evil menaces your innocent children and even those that are not yet born.

If you take the right treatment, syphilis is a mild disease, insofar as it can be reduced to a minimum of dangerousness; it can even be suppressed, for it is a curable disease, but—you must be energetic and willing. In the right treatment lies your salvation and the safeguard of those around you and those not yet born, and the hope and resurrection of your country. Do not forget that only a long continued treatment, which is started as early as possible, and carried out regularly and methodically, will insure a complete and permanent cure.

Last, but not least, do not get married without the permission of your physician.

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Eugenic Results of Present and Past Warfare.

To-day we send our healthiest men to fight and to die while we carefully nurse the very worst specimens at home and encourage them to breed. Warfare of olden times, under more natural conditions, reversed the result of modern warfare, for it caused the best to survive, and not the worst. In the old hand-to-hand fights, the best men came out victorious, while the weaker men remained dead or wounded on the battlefield to feed the crows. Thus was the nation kept a nation of fit and healthy men.—ALFRED BAKER READ: *Social Chaos and the Way Out.*

Social Welfare Work Detrimental to Natural Selection.

That natural selection has been the main driving force in the evolution of man is no more to be questioned than it is in respect to other organisms.... But in man much of his social practice tends to reduce rather than to preserve the efficiency of natural selection. In ancient times and in primitive races to-day the malformed or otherwise defective infant is often destroyed, thus anticipating what is likely to happen later thru purely natural causes. With the growth in our civilization of the sense of value in human life, these practices have become mostly illegal and have been largely suppressed. As a result we have developed a large body of institutions for the care of defectives. Such social undertakings are in direct opposition to the workings of natural selection. They are a drain on the social body, but they are justifiable for the reason that they inculcate a respect for life and a public habit of humane treatment of unfortunates, characteristics without which no race can afford to be. But they are no unqualified blessings. And when we examine them from the standpoint of evolution, they seem to contain an element of of no small danger to the state.—GEORGE HOWARD PARKER: *Biology and Social Problems.*

Large Stone and Hairpin in Bladder.

Dr. J. P. Browne (*Jour. A. M. A.*, Nov. 17, 1917) was consulted by a rather thin, anemic girl, 16 years old, who complained of constipation and gave a history of pain in the bladder and lower abdominal region, especially during micturition and defecation. She stated there might be calculi in her bladder; she had attempted to remove a small stone from the urethra with a hairpin. A sound passed into the bladder struck a stone apparently at the junction of the bladder and the urethra. A cystoscopic examination revealed the presence of a large stone with a foreign body embedded in it. Suprapubic incision was performed and a calculus 4 inches long and 3 inches around several different circumferences removed. The calculus had grown around a hairpin as a nucleus. The hairpin was lying in the bladder in a widely extended obtuse angle, and was covered with the deposit to within about a quarter af an inch of each end.

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The mass tapered from the center toward each point. The patient had an uneventful recovery. The enormous size of the calculus indicates that the hairpin must have been in the bladder for months, perhaps years. [All cases of hairpins in the bladder may be safely put down to masturbatory practice.]

Real Old Age.

Arrived at extreme old age, and still preserving the last flickers of an expiring intelligence, the old man feels weakness gaining on him from day to day. His limbs refuse to obey his will, the skin becomes insensitive, dry and cold; the extremities lose their warmth; the face is thin; the eyes hollow and the sight weak; speech dies out on his lips which remain open; life quits the old man from the circumference toward the center; breathing grows laboured, and at last the heart stops beating. The old man passes away quietly, seeming to fall asleep for the last time.—DEMANGE: *"Étude Clinique Sur la Vieillesse,"* 1886.

Medical Selection versus Natural Selection.

It has long been a charge against medicine and hygiene that they tend to weaken the human race. By scientific means unhealthy people, or those who inherited blemishes, have been preserved so that they can give birth to weak offspring. If natural selection were allowed free play, such individuals would perish and make room for others, stronger and better able to live. Haeckel has given the name "medical selection" to this process under which humanity degenerates because of the influence of medical science.—METCHNIKOFF. [See abstract from Parker on previous page. Needless to say, that I take no stock in these Jeremiads of our ultra-eugenists. The physically weak dwarfed or deformed may turn out a first rate genius.]

Europeans and Africans.

The unsophisticated African entertains aversion to white people, and when accidently and unexpectedly meeting a white man, he takes to his heels, feeling that he has come upon some unusual or unearthly creature, some hobgoblin, ghost, or sprite; and when he does not look straight in a white man's face, it is because he believes in the "evil eye," and that an aquiline nose, scant lips, and cat-like eyes afflict him. The Yoruba word for a European means a *"peeled man,"* and to the African the white man exudes some rancid odor not agreeable to the black man's olfactory nerves. Moreover, Europeans are regarded as plague carriers. The plagues formerly known to the people of tropical Africa were very few, but the advent of Europeans is regarded with evil foreboding, owing to the plagues and diseases that follow in their wake, and to which the Africans are strangers. Witness bubonic plague, syphilis, cholera, and others.—PASTOR MOJOLA AGBERI: *"The West African Problem."*

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Of General Interest

Civilized Man's Foolish Conceit.

If a person could be found able to form a full, true and exact mental picture of the human drama thru the past and of the actual conduct of life in the present, he might be puzzled to think how the species can take itself so seriously as it does, to boast so exultantly of its present state, to expect so confidently its perfecting or perfected future upleap. —Dr. Henry Maudsley.

A Humiliating Comparison.

We do not find war, nor even individual murder existing among the highly developed monkeys. The instinct of crime appears to be developed in a measure as our species has disengaged itself from the rest of the animal kingdom. Murder, and war which is assassination by wholesale, are human acts and not the atavistic legacies of far distant ancestors. It is with the progress of civilization that the art of killing has developed, that war has ceased to have personal motives, and has become an anonymous massacre of men indifferent to each other.—V. de Lapouge: *Les Sélections Sociales.*

We Fervently Hope So.

The day will come when collective crimes will appear to the masses as odious as individual crimes do to-day. It will then be realized that happiness without justice is for nations as for men the most chimerical of dreams.—George Nasmyth; *Social Progress and the Darwinian Theory,* 1916.

If—

....If you can trust yourself when all men doubt you,
But make allowance for their doubting too:
If you can wait and not be tired by waiting,
Or being lied about don't deal in lies,....
If you can bear to hear the truth you've spoken
Twisted by knaves to make a trap for fools,
Or watch the things you have given your life to, broken,
And stoop and build 'em up with worn-out tools;....
If you can force your heart and nerve and sinew
To serve your turn long after they are gone,
And so hold on when there is nothing in you
Except the Will which says to them: "Hold on!"....
....Yours is the Earth and everything that's in it,
And—which is more—you'll be a Man, my son!

—*Kipling.*

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Emotion and Digestion.

A refined and sensitive woman who had digestive difficulties, came with her husband to Boston to be examined. They went to a hotel for the night. The next morning the woman appeared at the consultant's office an hour after having eaten a test meal. An examination of the gastric contents revealed no free acid, no digestion of the test breakfast, and the presence of a considerable amount of the supper of the previous evening. The explanation of this stagnation of the food in the stomach came from the family doctor who reported that the husband had made the visit to the city an occasion for becoming uncontrollably drunk, and that he had by his escapades given his wife a night of turbulent anxiety. The second morning, after the woman had had a good rest, the gastric contents were again examined and the test breakfast had been normally digested and discharged.—WALTER B. CANNON: *Bodily Changes in Pain, Hunger, Fear and Rage.*

Emotion and Secretion of Saliva.

The flow of salivary secretions is inhibited and proper digestion may be entirely abolished when unpleasant feelings such as anger and fear are allowed to prevail. The "ordeal of rice" as employed in India is a practical utilization of this knowledge. When several persons were suspected of crime, the consecrated rice was given to them all to chew, and after a short time it was spit out upon the leaf of the sacred fig tree. If anyone ejected it dry that was taken as proof that fear of being discovered had stopped the secretion, and consequently he was adjudged guilty.—LEA: *Superstition and Force.*

Emotion a Form of Muscular Activation.

Emotion is as definitely a form of muscular activation as are the acts of escape, of seizure or of embrace. A striking evidence of the truth of this assumption is afforded by the fact that fear is experienced only by animals which depend for self-defense and species-preservation upon a swift locomotion reaction. The skunk, for example, whose chief means of protection is its odor; the porcupine, defended by its quills, the snake which repels its enemies by its venom, the turtle which is securely encased in its shell; the lion and the elephant secure in their superior strength—exhibit little if any fear. On the other hand, the rabbit, the bird, the deer, the horse, the antelope, the monkey and man—species which have ever had to struggle for existence against stronger or swifter enemies—these are the animals which preëminently exhibit fear and an irrepressible desire to flee from danger.

—GEORGE W. CRILE: *Man—An Adaptive Mechanism.*

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Logic and Life.

...As a test of truth logic is inferior to experience; its faults are not so much in its methods as in its premises and applications. For this reason, a logical chain has led many a man into the bondage of error. Truth is not usually found in extremes, in "carrying out a process to its logical conclusions," but rather in some middle course which is less striking but more judicious.—EDW. GRANT CONKLIN: *Heredity and Environment.*

Origin of the Use of Wine.

A lady of the harem of King Jemsheed of Persia, becoming tired of life and desiring to commit suicide, stole some of the fermented juice of the grape which the King had locked away for security. Supposing that it was poison she drank largely of the strong fluid, became drunk, recovered, and, being delighted with the sensations of intoxication, drank again until all was gone. The King took the suggestion and popularized wine, up to that time grapes being raised for eating only.—DR. GEO. M. BEARD: *"Stimulants and Narcotics."*

Wine and Longevity.

Catherine Reymond, who died in 1758 at the age of 107 years, drank much wine, and Politiman, a surgeon who lived from 1685 to 1825, was in the habit, from his twenty-fifth year onwards, of getting drunk every night, after having attended to his practice all day.

Gascogne, a butcher of Trie, died in 1767 at the age of 120, and had been accustomed to get drunk twice a week. Goethe who died at the ripe old age of 83, took wine regularly, and sometimes to excess. A visitor, who dined with him when Goethe was in his eightieth year, was surprised at his appetite and by the quantity of wine he drank. "In addition to the other food, he ate an enormous portion of roast goose, and drank a bottle of red wine."—E. METCHNIKOFF: *"Prolongation of Life."*

[Take these facts for what they are worth.]

Prohibition.

...People will never be kept from drinking by prohibitary laws. A certain small proportion may be kept by legal restriction from getting alcoholic drinks, but the great majority of those who want to indulge in spirituous beverages will do so, law or no law. They will have intoxicating drinks in some form, if they have to make them from anything, from fruit juices to garbage.—*Am. Med.*

Bullet Expectorated after Lodging Four and a Half Months in Lung.

Dr. R. Murray Leslie (*Brit. Med. Jour.*, Nov. 17, 1917) reports the following case which came under his observation

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on July 4th, 1916. The subject was a man, aged 33. On April 6th, 1916, while on military duty in Mesopotamia, he had sustained a gunshot wound from a shrapnel shell, the bullet entering just above the right clavicle, and there being no exit wound. The accident had not produced any very serious results. The man stayed in several hospitals, and, after recovery from an attack of pneumonia, he was sent to England. On admission his condition was fairly good, and there was no pyrexia. There was slight cough, with frothy, muco-purulent expectoration and some pain over the left chest, and also some dyspnea on exertion. In order to assist the expansion of the lungs Woolfs' bottles were ordered. The third day after using them, on July 28th, he had hemoptysis which lasted for two hours. On July 29th, râles were audible just below the root of the spine of the left scapula. On August 1st, a radiographic and sterescopic examination showed the shadow of a bullet in the region of the shadow of the left avricle, at a depth of 4⅜ inches from the level of the skin of the front of the chest. On August 16th, he was discharged. On August the 21st, he presented himself with the bullet in his hand. In the morning, on getting out of bed, he had been seized with a violent fit of coughig and brought up a piece of lead irregular in shape, a little over an inch in length and weighing 140 grains. A second X-ray examination showed that the bullet had disappeared. After two weeks the man was discharged comparatively well.

Man's Place in Nature.

Man has no right to believe himself a privileged being in nature. He is subject to the same vicissitudes as its other productions. The idea of human excellence is merely founded on the partiality which man feels for himself.—CLAUDE ADRIAN HELVETIUS (1715-1711).

Human Passions.

Happiness is the uniform object of all the passions. These are legitimate and natural, and can neither be called good nor bad, but in so far as they affect other men. To direct the passions to virtue, it is necessary to show mankind the advantages resulting from its practice.—HELVETIUS.

RELIGION AND CHARACTER.—It is not the religion which makes the character, but the character which suits itself with the religion.

Sugar in Medicine.

In the United States Pharmacopoeia there are thirty-nine preparations and in the National Formulary there are 179 prepar-

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ations which contain sugar. The pharmacist has besides hundreds of unofficial preparations on his shelves in which sugar is a component.

Syphilis in the U. S.

There is accumulating evidence of the fact that from five to ten per cent. of the population of this country are syphilitic.—This item has been going the rounds of our exchanges. As we stated many times before, we believe such statements to be wild and uncritical exaggerations.

Human and Animal Learning.

L. A. Pechstein (*Psychol. Monog.* No. 2, 1917) comparing the results of tests made on men and on rats, comes to the conclusion that "there is no royal road to mastery for the human not open to the rat."

The male pipefish and sea spider are provided with blind pouches in which they house the eggs during development.

A Cure for Mysticism.

The best cure for mysticism is fresh air, exercise, bromide of potassium, comic opera and the study of popular scientific and economic books. Cold baths and brain-pills will also help to restore the patient to a normal condition. Sometimes six months hard work on a farm is most effective.—HERBERT N. CASSON: *"The Crime of Credulity."*

Christian Science in War Time.

Christian Scientists and divers other healers of strange names serve an end—else they would hardly exist—among the indolent, overfed, too anxious multitudes in times of peace, but for real ailments on any occasion they offer a scant support and especially in an army. The disciple of Mrs. Eddy would find difficulty in convincing a soldier that shell wounds were a figment of the imagination or even in bracing his nervous system against the terrors of being under fire.—*N. Y. Med. Jour.*

Do not let us abolish the rose and exalt the cabbage.

If I had two loaves of bread I would sell one and buy roses to feed my soul.

The Soldier's Courage.

The courage of the soldier is found to be the cheapest and most common quality of human nature.

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The "Peepul."

The people is a beast of muddy brain
That knows not its own strength, and therefore stands
Loaded with wood and stone.
It's own are all things between earth and heaven,
But this it knows not, and if one arise
To tell this truth it kills him unforgiven.

CAMPANELLA.

"If I wanted to punish a province, I would give it to Professors to govern.—FREDERICK THE GREAT.

[The antics of the German and other professors fully justify the old cynic's words.]

Names of sects are names of error. Truth has no sect.—VOLTAIRE.

LETTERS TO THE EDITOR

A Case of Masturbation in Little Girl.

Dear Doctor:—The following case was recently referred to me for advice. It presented some unusual features and any suggestions you may offer as to treatment will be appreciated.

Girl, eight years old, daughter of a rural physician, has practiced masturbation since she was six years of age and perhaps longer; cannot obtain positive knowledge. Says she learned it during first year in school being taught by the other girls; that they would congregate in the outside privy and practice the habit all together. The mother of the child died about two years ago the victim of morphine and cocaine. She was the subject of frequent erotic excitement and practiced masturbation herself. It is a question if she did not teach the habit to the child, but I cannot prove this. The child, even tho obedient and affectionate will, if left to herself, masturbate every hour or two during the day and admits doing it three times before going to sleep and twice before getting up. When riding in the auto with her father a frequent desire to urinate appears and her clothing is nearly always wet. Peculiarly enough there is no bed-wetting.

An intelligent woman formerly a nurse has come into the household as step-mother. She tells me that nothing she can do in way of punishment or threatening does any good. The child is of normal intelligence and does well in her school work.

Yours sincerely,

J. O. STRANAHAN, M.D.

Rome, N. Y.

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"The Sexual Crisis."

My dear Dr. Robinson:—In a few words I desire to thank you very much for your keen perception of what is worth while, in sending out on its pilgrimage of conversion, Dr. Meisel-Hess' book, "The Sexual Crisis."

I find that the implications of the book fit with remarkable sympathy into a situation that I have observed for the last two or three years. During this time, I have given several addresses on the general subject of community development in many of the smaller towns in the state of Illinois, and in delving into the life of the community as a laboratory experiment, I found to my surprise and dismay that the smaller the town, the more ugly and bestial became the sex irregularities and excesses. I found an utter disregard for the emotional and dramatic in these mid-west communities, and the presence of monotony operated with singularly drastic consequences on the lives of those young girls who were strong in the life impulse.

There is no doubt to my mind but that the work in which you are engaged lies very fundamental to the question of human happiness, and it doesn't to my mind seem that we will get anywhere unless we take the attitude of gentle and sympathetic discussion of every angle of human experience.

Personally, I wish to thank you for sending out this book.

Yours truly,

Chicago, Ill. GEORGE MACKAY.

BOOK NOTICES.

PREVENTIVE MEDICINE AND HYGIENE. By *Milton J. Rosenau*, Professor of Preventive Medicine and Hygiene, Harvard University. D. Appleton & Co., New York, London, $7.00.

This volume, in its third edition, consists of some thirteen hundred pages of useful information on every topic that has to do with preventive medicine, immunity, sanitation, general hygiene and especially Military Hygiene. The "new diseases" which have come to light since the European conflict developed, such as trench fever, shell shock, gas poisoning, are fully discussed. A great portion of the book is devoted to military matters, such as the examination of recruits, the organization of the sanitary corps, sanitation of troops in camp and on march, physical training of soldiers, etc. It is a splendid book, clear and concise, and well indexed. Its publication is a great credit to the author, publishers and to American medicine.

WOMAN: HER SEX AND LOVE LIFE. By *William J. Robinson*, M.D., New York: CRITIC AND GUIDE CO., 1917. 411 p. $3.00.

"The task I have put before myself in this book," says the author, "is to give our girls and women sane, square, and honest information about their sex organs and sex nature, information absolutely free from luridness on the one hand, and maudlin sentimentality on the other." In reading the book one cannot

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help being impressed with his sincerity; and from the viewpoint of the psycho-pathologist and physician, he has probably succeeded in his intention. Such comment and criticism as the reviewer makes will be from the point of view of the intended consumer, a married woman without pretense to special scientific training in this field.

There are many things which commend the book to the careful consideration of women. Dr. Robinson realizes the harmfulness of sex misinformation; and he is right in emphasizing the greater importance of proper information for woman, because her sex life involves greater "social, economic, and physical consequences."

He has to an unusual degree been able to make comprehensible to the average woman the terminology of his subject, thru simple definitions and illuminating examples. In his presentation of a subject he begins with the normal and then adds the variants. Moreover he is thoroly concise and loses no time in getting right to the questions that are in the average woman's mind. He interprets well the information which she requires. For instance his chapter on "Who may marry" is a remarkable complete and simple presentation of a difficult problem. His description of the anatomy of the sex organs is admirable in its clearness and in its scientific and unsentimental spirit.

In discussing intercourse and its accompanying problems, Dr. Robinson writes entirely from the standpoint of the medical practitioner and the man. He considers it his mission to destroy error, mysticism, and superstition, and so far as utter frankness and truthful presentation of his own viewpoint are concerned, he succeeds. It is not inconceivable, however, that women, as such, have something to contribute to the discussion.

The chapter on race limitation deserves commendation. It is the best discussion of its necessity that the reviews has been. The illustrations are varied and particularly well chosen.

—*Social Hygiene* for October, 1917.

THE SEXUAL CRISIS: A CRITIC OF OUR SEX LIFE. By *Grete Meisel-Hess,* New York: CRITIC AND GUIDE Co., 1917. 345 p. $3.00.

The book is a remarkably incisive analysis of the underlying problems of sex. Altho the reform measures which she advocates may seem, to those acquainted with the problems at first hand, too radical, nevertheless the careful consideration and lofty idealism exhibited thruout make the book a contribution worthy of note.—*Social Hygiene* for October, 1917.

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THE MEDICAL

Critic and Guide

Incorporating the

Dietetic and Hygienic Gazette, Physicians Drug News & Office Practitioner

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth.
Than never to tell the truth for fear of making a mistake.

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EDITORIALS AND EDITORIALETTES

☞Will our subscribers please do us the favor and remit their subscriptions for 1918 without delay? Times are strenuous, and we should not be put to unnecessary expense. Please!

The Smoking Outrage.

If I were a benevolent despot the first thing I would forbid would be smoking in confined public places. Would I, in acting so, go against my libertarian principles? Would I be infringing on anybody's rights? Not at all. I would only be protecting the rights of others.

If a man wants to smoke in private or in the street, he may smoke all he wants, he may smoke his lungs and his heart out, and nobody has a right to interfere with him. But when he smokes at a meeting or at a dinner, in a closed room where there is no ventilation, then he infringes upon other people's liberty and interferes with the comfort and the health of others. He burns up the oxygen in the room, fills it with an excess of carbon dioxide, and he forces others to breathe in the vitiated atmos-

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phere. This is distinctly a violation of other people's rights, and preventing anybody from infringing upon other people's rights is not contrary to libertarian principles.

I would also say, in passing, that a man who is such a slave to the cigar or cigarette that he cannot abstain for two or three hours from smoking, shows that he is a weakling, that he is a habitué, just as much as the opium or cocaine victim is, and that he should be ashamed of himself to exhibit his weakness, his narcotic habituation, in public.

The Insane Automobilist.

We learn that during the first nine months of 1917 the automobile killed more people in New York City than typhoid and scarlet fever combined. This is not a guess but an official statement made in his report by Dr. Hermann M. Biggs, State Commissioner of Health.

The mortality from typhoid fever is going down, but the increased mortality from automobile accidents is going up.

Some time an outraged public will shoot a dozen or so reckless automobilists, and then the so-called "uncontrollable" speedomania will suddenly get under control. And insane automobilists, who excuse the reckless speed by the plea of not being able to help it, will find that they can help it very well.

Reinfection With Syphilis.

For many years, in fact for centuries, it has been the universal belief among medical men that reinfection with syphilis cannot take place. Now we know that reinfection with syphilis can take place. And still there is no contradiction between the two beliefs. The matter is simply this. With our present methods of treatment the disease can be so radically cured, the patient becomes so free from any traces of it, that he becomes practically as if he had never had the disease, and therefore he becomes again susceptible to infection. In other words as long as the disease is present in an individual, he cannot become reinfected. When the disease has become completely eradicated, he is again liable to danger of infection by exposure.

The former methods of treatment never did eradicate the disease. The present methods do. In former times when a man once became infected he was sure at least of one thing, that he would never again be infected. Now there is no such assurance. Because if he is treated properly and he becomes radically cured, there is no guarantee that he may not be reinfected.

We thus see that there is no good without some evil. And in this connection we may call attention to an interesting article by Dr. Charles W. White, in the *British Medical Journal* (October 20, 1917), where twenty-eight cases of reinfection with syphilis are reported. Those twenty-eight cases of reinfection occurred in a series of 10,500 cases of syphilis treated in one of the English general hospitals during the past two years.

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Do Tonsils and Adenoids Ever Recur?

As stated in a former editorial, the glibness with which some doctors talk of the removal of tonsils is such as would lead one to think that the operation is never accompanied by any fatality or danger. Another point they gloss over—they never mention the fact that tonsils and adenoids now and then do recur after even the most thoro removal.

There is no greater laryngologist than Dr. St. Clair Thomson of London. Few men have had a greater experience than his. And in a communication to the *British Medical Journal* (September 22, 1917) he takes decided exception to the statement made that after a thoro removal of the tonsils and adenoids there is no such thing as recurrence. He frankly confesses that in his earlier days he used to be of the same opinion. When a recurrence would take place he laid the blame to the incomplete removal. But a wider experience has afforded him opportunities for watching cases in which he personally assured himself both by sight and touch of the clearness of the post-nasal space after operation, and yet he noticed later an actual regrowth of adenoid tissue sufficient to call for a second operation. The same in regard to the tonsils. He said that he could show tonsils which had been enucleated intact in their capsules, and yet their original owners have suffered a regrowth of excessive tissue in the fauces requiring further treatment. Such cases occurred in his own practice and in the practice of the most skilled operators in the land. He noticed the recurrence of the tonsillar tissue whether the tonsils had been enucleated by the guillotine or by dissection.

Of course only the ignorant or evil-minded would take our criticism of indiscriminate tonsillectomies as an attack against the removal of tonsils and adenoids in general. Tonsils and adenoids should be removed whenever there is a clear indication for their removal. But we do not believe in excessive zeal in any cause, and the truth should always be told regarding any operation. When an operation is advised, both the possible dangers of the operation itself and the possible sequelae should not be hidden from the public.

Young Old Men.

A subscriber, Mr. William H. Richmond of Caldanes, Cuba, asks us to discontinue his subscription because he is now 96 years old and he has to cut down on his reading. He does so regretfully, for while his spirit is young, his eyesight reminds him of his age.

Which reminds me that age alone means nothing. We know nonogenarians, people very close to the century mark, — we have a number of them on our subscription list,—who are much brighter, much more alert to what is going on in the world, much more interested in modern problems, than are their children or grandchildren. Age alone means nothing. A man of ninety may be young, a man of thirty may be a walking corpse. It is the mind that counts.

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Alcoholic Beverages a Safety Valve?

One never knows when he is going to put his foot in it. At least I never do. Perhaps it is because I never care to consider the consequences. Be it as it may, at least three or four times during each year I am sure to write something which sets a goodly number of my subscribers all agog, putting some of them into a condition which may be fitly described as one of fury or frenzy. Now it is a Billy Sunday editorial which excites the indignation of some of my readers, then it is a statement that there are better ways of settling international disputes than the archaic brutal method of war, then it is something else.

My last offence has been my declaration that it would be best for the community at large if alcohol in its various and numerous tempting forms disappeared from the face of the earth. I never thought that I had so many subscribers who were such warm friends of C. H. O H. Well, I am sorry, and to pacify them I will reproduce here what a very clever lady has recently said about the great value of alcoholic beverages as a safety valve for human emotions. Let Elizabeth alone bear the responsibility for her statements, but truth demands that I say that many sociologists and psychologists believe as she does.

Yes, in Elizabeth Severn's opinion, the subconscious desire which leads to drink is a vent for repressed emotions, and a manifestation of a marked loss of psychic balance, which, however, in ill-regulated lives, may be a useful and even necessary escape-valve. For this reason she calls the infliction of compulsory prohibition a serious matter and an illegitimate procedure which shuts off the only means of emotional release available to the majority until a constructive substitute is provided. "To do so is merely to strike at symptoms, not causes. There is no value, either practical or moral, in preventing the act, while the cause remains untouched"... "To... purge the world of this, one of its greatest evils, would mean subconscious reeducation on a wholesale plan and is not at the present time practical except in individual cases. Therefore, nothing but damaging explosions can be expected with the shock absorber intoxication entirely removed."

Hysterical "Conversion."

Dr. William W. White (*The Principles of Mental Hygiene*) designates with the term conversion that state in which psychological conflict is converted into bodily disorder; this is the characteristic mechanism of hysteria. The writer points to those familiar cases of paralysis in which, for instance, an arm, or leg, may be quite useless for months, and which condition not infrequently is "miraculously" made to disappear over night, often to the chagrin of the attending physician, by some extra professional "cure." To illustrate the meaning of such instances, Dr. White quotes the following case. A young man of seventeen notices a queer feeling in his left arm contemporaneous with a desire upon the part of his father to transfer him to a school to which he does not wish to go. Analysis revealed the fact that when

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a child he struggled so violently against being vaccinated that it had to be given up. Translated into the terms of his present difficulty, Dr. White comments, it means that since as a child, he had succeeded in avoiding something disagreeable by his stubborn resistance, he wishes again to avoid something disagreeable in the same way. He tends, when confronted with a situation to which he cannot bring himself to make an adequate adjustment, to revert — unconsciously, of course — to a familiar type of reaction by which he had succeeded before in saving himself from a disagreeable adjustment—the instinct for the familiar—the safety motive. Dr. White points out that these hysterical conversions are used in all sorts of ways, and serve many purposes. He quotes Ames ("Blindness as a Wish," *Psychoanalytic Rev.*, Nov. 1917.) who reports a case of hysterical blindness in a man, which was the result of a long period of incompatibility with his wife, and expressed the desire on his part not to see her any more. Many hysterics develop bodily symptoms of illness in order to get that solicitous attention and consideration which, often because of their lack of lovable qualities, they would not otherwise obtain. They seek safety in childish reactions. Acting like children, they are cared for and treated like children.

Emotion and Not Intellect the Master in Human Affairs.

To my numerous correspondents who are laboring under the delusion that they think, *when as a matter of fact they only think they think,* I recommend the following passage by Carl Kelsey:

"Man is likely to boast that he is governed by his intellect and that his decisions are based on a careful consideration of the merits of a question. This is seldom true. The dominant forces are emotional, not intellectual; in the average man at all times, and often in the intellectual man. He is a foolish leader of the public who deals with his followers on an intellectual basis solely. He tells them that he will convince their minds, but what he really does is to rub their backs the right way."

There is probably not one man in 100.000 who can really consider a question on its merits without pushing in his emotions and making them take the place of his reason. And people should be very, very careful not to mistake their passions and prejudices for intellect and a sense of justice.

Medical Novelists.

A writer in the *British Medical Journal,* points to the fact that few doctors have attempted to produce works of fiction and that very few have succeeded in it. Those who have been successful were nearly all men who have left their original professions for literature. The writer notes how their medical knowledge reveals itself in their work. It is shown not only in the avoidance of the grotesque mistakes which even the most careful non-medical writer can hardly hope to escape, but in the clear notion they have of the relation between the body and the mind and of the manner in which heredity and physical constitu-

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tion shape the character. For instance, Rabelais had a regular training in the medical science of his day and practised as a physician. The result is that Pantagruel and Gargantua are pervaded and informed by his medical knowledge. Numerous illustrations from anatomy and physiology are to be found in his writing, and he planned out a scheme of education which proves how sound a conception he had of hygiene and the need for physical as well as mental training in the education of the young. The writer recalls the fact that Turguenev frequently regretted that he had not studied medicine, and points to the creator of Sherlock Holmes who has made considerable use of his professional experience in his novels, and in particular has described the "qualified quack" with an insight which only "his own gained knowledge" could have given. Weir Mitchell has drawn a companion picture in his Autobiography of a Quack. In Roderick Randon, Peregrine Pickle, and elsewhere, Smollet has given us the "form and pressure" of the medical profession in the eighteenth century. Goldsmith, who had studied medicine, used his medical knowledge chiefly in the exposure of quackery. Oliver Wendell Holmes, in his story Elsie Venner which was unkindly called a "medicated novel," has described with great power a very abnormal instance of inherited instinct. In the Autocrat's monologues medical illustrations occur almost on every page. Sir Henry Thompson tried his versatile hand at novel writing with indifferent success. In the writer's opinion, the best account of the advantages of medical study to a writer of fiction is given by Anton Tchekhov, who died in 1904 at the age of 44. He had studied medicine at Moscow, where he graduated in 1884, and his scientific training made his outlook on life more penetrating and farseeing than it would otherwise have been. He had in an eminent degree the power of picking out the essential features of a phenomenon or an event, and entering into the minds of others. This he considered to be in a large measure the outcome of his medical training. He says in his autobiography: "The study (medicine) greatly enlarged the field of my observations, enriched me with knowledge of which the true value to me, as a writer, can be appreciated only by those who are themselves doctors. Those studies also exercised on me a directing influence, and it is probably thanks to medicine that I have succeeded in avoiding a number of errors. Knowledge of natural science and of scientific methods has obliged me to keep myself constantly on my guard. I took care, wherever possible, to conform to scientific truth, and when that was impossible I preferred not to write."

Pavor Medicus—Fear of the Doctor.

Dr. A. J. Waring (*Arch. of Ped.*, Nov., 1917) declares that many physicians display a deplorable lack of sympathetic understanding in handling children which renders the examination difficult and may often prove prejudicial to an effective treatment.

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The writer found Pavor Medicus present in many children. To the average child "the doctor" is a bugaboo, and his office a chamber of terrors. The writer recalls a case in which the injudicious use of a thermometer on a nervous juvenile started a bad case of night terror. In this connection he refers to the letter of a medical student who describes his impressions when as a child he entered the office of a physician. The room was dusty and musty; on a dirty mantelpiece were jars, one containing the corpse of a baby, others shrunken arms and legs. The medical man himself, grave in countenance, with heavy whiskers, was fumbling with some ominous looking instruments. The aftermath of this visit were night-terrors, habit-spasms and bed-wettings, never understood by the family physician nor, of course, by the little patient himself. Events of this type, says the writer, cut deeply into the emotional life of children, and such latent reasons for neurotic manifestations are usually unrecognized. Now a different picture: Not long ago the writer paid a visit to a successful pediatrist. His private office was a model, permeated by an atmosphere of cheerfulness. In the large, clean, cool room there were children's books, small white chairs, toys, potted ferns and twittering birds. The physician himself was well groomed and of pleasing address. In two hours, eight children from 2 to 6 years of age were skilfully and pleasantly handled. The pediatrist never failed after a few minutes to be completely "en rapport" with his little patient. He firmly believes that many illnesses are shortened and crises passed because of the faith and affection he develops in his patients. With some of the nervous disorders of childhood he is most successful. In the administration of unpleasant drugs he uses great care. In his examinations he uses tact and judgment—no instruments are ever visible until a need for them arises, then they are quickly and deftly used and placed out of sight.

Repression Versus Expression.

The repression of instincts can only lead to some other form of expression. Repression alone is never the true solution of any mental problem. If a certain avenue of expression is cut off, the energy has to find an outlet in some other way, therefore, unless some socially useful way is provided as ready to hand, then the energy will break thru in some undesirable form, expression will be obtained in a socially destructive way. — So says DR. WILLIAM W. WHITE, and I recommend his words most earnestly, most prayerfully, to a great number of our sex reformers and prohibitionists of various sorts.

Alcohol as an Etiological Factor in Arteriosclerosis.

Dr. C. Janeway (*Boston M. and S. J.*, June 29, 1916), declares that a study of his own private cases showing hypertension lends no support to the view that alcohol has an important influence in the production of arteriosclerosis and associated cardio-

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vascular disturbances. Of 3971 arteriosclerotic patients whose histories as to alcohol were known, 37.5 per cent. were total abstainers; 31.5 per cent. took alcohol only occasionally in small amount; 18.1 per cent. were habitual temperate drinkers. Those who regularly or occasionally used alcohol in excessive amounts were but 12.9 per cent. of the total.

A Defender of Alcohol, Tobacco, Tea and Coffee.

Professor Patrick (*Interstate Med. Jour.*) points out that the American people are now consuming annually about two thousand gallons of alcoholic liquors, half a thousand million pounds of tobacco, a thousand million pounds of coffee, and nearly a hundred million pounds of tea, and thinks that these substances are not taken as luxuries or as evidences of vice, but that the demand is rooted somewhere in the brain cells of human beings. Persons who use these drugs have found by experience that their employment in moderation adds to the comfort of existence. The fact that alcohol, tea, coffee, and tobacco are so universally used is a tribute to their good effects. It has been proven that alcohol diminishes functional activity, but this indicates only that this drug should not be used when full efficiency is desired, and that it may often be employed with advantage as an agent of relaxation and for the purpose of benumbing and controlling mental or nervous phenomena, which have been put into excessive activity under the stress of daily life. The use of all these substances whether they be stimulant or depressant in their nature, are advantageous in that they diminish activity in parts which have been excessively active, and increase activity in other parts of the body, which, for the time being, have been quiescent. As Patrick puts it, alcohol places a temporary quietus upon the higher control of the brain centers and sets free the older and more basal centers, and so is a release obtained from the burdens of the modern strenuous life. Patrick says that alcohol and tobacco are generally an easy means of rest and relaxation, putting to sleep in a measure the higher brain centers while allowing the needed activity of the lower ones.

Perverted Imaginations of Young Girls.

In her book "A New Conscience and An Ancient Evil," Jane Addams relates a case which shows the harmful influences of a bad environment and how the imaginations of even very young children may easily be forced into sexual channels. A little girl, twelve years old, was one day brought to the psychopathic clinic connected with the Chicago juvenile court. She had been detained under police surveillance for more than a week, while baffled detectives had in vain tried to verify the statements she had made to her Sunday-school teacher in great

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detail of certain horrible experiences which had befallen her. For at least a week no one concerned had the remotest idea that the child was fabricating. The police thought that she had merely grown confused as to the places to which she had been "carried unconscious." The mother gave the first clue when she insisted that the child had never been away from her long enough to have had these experiences, but came directly home from school every afternoon for her tea, of which she habitually drank ten or twelve cups. The skilful questioning at the clinic, while clearly establishing the fact of a disordered mind, disclosed an astonishing knowledge of the habits of the underworld.—We have always cautioned people against accepting the testimony or believing the stories of young children, particularly girls.

Traditional Fallacies About Tuberculosis.

In discussing some of the numerous fallacies about tuberculosis in an excellent paper in the *N. Y. Medical Journal,* Dr. Maurice Fishberg draws a sharp line between infection and disease. Not every infection is followed by disease, otherwise over 90 per cent of humanity would be affected with tuberculosis. To produce consumption, infection must take place in a peculiarly predisposed organism. In the belief that a person can be infected more than once the writer sees the most important fallacy. Infants or adults who have never come in contact with tubercle bacilli, savage tribes, or dwellers of large cities hailing from the country, almost invariably succumb when infected. On the other hand, people who come in daily contact with this disease, as a rule, are spared. They have been infected with tubercle bacilli before reaching adolescence and thus become immunized. The rarity of the disease among hospital workers is not due to the prophylactic measures that have been taken during the past 30 years. In hospitals where no such precautions were taken, and also in hospitals during the first half of the nineteenth century, no excessive morbidity or mortality from tuberculosis was observed.

Reports of people being infected by reading books from a public library, and other stories to that effect cannot be substantiated. Further, in his long experience the writer has never observed one case of tuberculosis transmitted from one consort to an other. All these facts show clearly that all the strenuous and costly attempts at prevention of tuberculosis in adults which have been taken in recent years, are useless.

The White Plague is still with us, presenting the same features as before the "campaign" was started. The mortality began to decline long before this useless fight was begun. The decline has been observed where no "campaign" has been waged. The vigorous "follow-up" system practised by the health department of N. Y. City is not justified. If a

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tuberculous husband cannot infect his wife we can assuredly conclude that a tuberculous workman cannot infect his neighbor in the factory. It is a senseless and cruel procedure to deprive a tuberculous man from the opportunity to work as has been done by stupid bureaucrats and the labor unions of N. Y. City.

Coming to the hereditary factor, the writer points to recent investigations which show clearly that patients from tuberculous stock suffer from the chronic type of the disease which runs a mild course, while those whose parents were free from tubercle bacilli, are more likely to suffer from the acute forms. In the belief that promptness in recognition and treatment will eradicate the disease, the writer sees another fallacy.

Autopsies show that more people recover from tuberculosis without treatment than suffer and perish from the disease. Further, it is fallacious to treat every sickly child as tuberculous; even when the tracheo-bronchial glands are enlarged, there is no reason for prohibiting school attendance, or to institute prolonged and costly treatment. Recently discovered facts show that the little patients are rather benefited by the mild infection; many authorities speak of "benevolent infection" which immunizes them against renewed exogenic reinfection. When exploding the therapeutic fallacies, the writer expresses his belief that without the normal tendency of tuberculous lesions to heal, the sanatoria would have to close their doors. Without treatment, five years after the onset of the disease, over fifty per cent. of sufferers from tuberculosis are alive and more or less efficient. Here we have the cause for the many "cures" and numerous "new remedies" which are introduced annually. In conclusion, the writer warns against a class of remedies which are stated to work best in cases of osseous, articular and glandular tuberculosis. In these forms of disease the prognosis is good; it is very rare that a patient dies from extrapulmonary tuberculosis.

The Eating of Human Flesh.

Cannibalism is not general in Africa. What led some communities to institute a sacrifice of human victims led other communities to go a step further and turn the sacrifice into what they considered profitable use by solemnly partaking of it as a sacrament. In some cases victims of human sacrifice consider it more honorable to be eaten by men to whom they are supposed to be imparting some virtue or for whom they are fulfilling some indispensable and important function, than to be devoured by worms. The eating of human or non-human flesh differs only in kind, and human flesh is said to be the most delicious of all viands, superior in culinary taste to the flesh of either bird, beast, fish, or creeping things.—PASTOR MOJOLA AGBEBI.

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Original Articles

For The Critic and Guide.

THE RECTOR OF ST. ALFREDA.

A True Story.

BY * * *

We were talking of all sorts of things, my friend and I; and at last the subject of love, marriage, and divorce came up. And then he told me the story of Cyril Hilliard, the rector of St. Alfreda.

He was in every way a great success—I mean the rector. The church—St. Alfreda it was called, because there was a legend that the saint had once remained a few days on that spot and had worked miracles with the water of the holy well—had for a long while been in a very precarious condition, financially. The good old families had largely moved away or died out, to give place to small shopkeepers or artisans. Then, as the town had grown, rival churches and chapels had sprung up, offering to their congregations all the modern attractions, so that the old church was somewhat out-of-date. The rector, also, who for years and years had been in charge, lacked the initiative and the energy necessary to restore St. Alfreda to her erstwhile position. Moreover, the struggles between the High Church and the Low Church parties, between the Modernists and the Conservatives, became ever more insistent. Something had, therefore, to be done; and what was done was the appointment of an energetic clergyman who had been acting as the locum tenens during the retirement of the aged rector. The Reverend Mr. Hilliard certainly made an excellent impression. Not too young and yet not too old, he had a fine presence in the pulpit. He was free from affectation, fond of sports, sympathetic, and full of zeal in his work. He was not learned in any real sense; and he did not pretend to be; nor were his sermons gems of pulpit oratory, if one may use that hackneyed phrase; but he had that which was infinitely better than all this, the instinct of a gentleman in every fibre. Moreover, he had learned the experience of life from without, not from within, "the cloistered walls"; that experience which so many of the clergy lack.

He had, indeed, not been long in the ministry, and before that had led rather an adventurous life. Of a good family he had early found himself thrown upon his own resources, and so had followed the sea, lived in a western mining camp, and worked on an Australian sheep-run; but always and everywhere he had been liked and respected. It is true he had not always

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been what the world calls a saint. Who, with warm blood in his veins, can always be such? There was a girl in Rio who had been very fond of him—she married afterwards a prosaic sugar-merchant there; and sometimes the fair face of a girl in Fiume, whom he had defended one night at the risk of his life, came before him; but he had never ruined a woman's life and boasted of his prowess; he had never broken a woman's heart and then thrown it away. He was full of sympathy, then, with men and women, with their burdens, their crosses, their yokes.

He had had his crosses, many of them; but he tried to bear them as a brave man should. There was the cross of celibacy: he sometimes found that very hard, but he bore it, because he believed that, altho for the vast majority marriage was the normal state, yet for the clergyman celibacy was the better way, that he who had given his life to the church should live for her alone. The rector was, in fact, somewhat of the type of the mystics and ascetics of the Middle Ages, who regarded the word of the Holy Mother Church as absolute law. It is true that some faint echoes of the conflict between theology and science, "falsely so called," had at times reached his ears, and at times imperious reason bade him think and judge and act; but he loyally put such thoughts aside as suggestions of the Evil One. In the doctrines of the church, then, he implicitly believed. Especially did he believe that there should be no divorce: "What God hath joined together, let no man put asunder." That there could be a release from those bonds because one party or both parties found them intolerable, seemed to him a doctrine subversive of all religion and of all real civilization. It had never dawned upon him that possibly God had not joined together all those whose banns the church had blessed.

Under the guidance of her zealous rector St. Alfreda made wonderful progress. Vacant seats were filled up; long-needed repairs were pushed thru; various auxiliary societies were launched upon a successful career; and debts were wiped out. In fact St. Alfreda came to be regarded as the model church of the diocese, and Mr. Hilliard as the model rector. Success did not spoil him; he did not become puffed up with ecclesiastical conceit; he did not develop more and more a tendency toward ritualistic millinery; but he remained what he was at the beginning, a simple-minded gentleman and a loyal Christian, as he understood Christianity.

The constant work and responsibility, however, at last began to produce their effect on him, for, not only had he labored unceasingly, but he had declined to take the holidays so willingly offered him by his church. There was aways something to be done when he had consented to go. One year it was the building of a parish-house upon which he had set his heart. Again, it was the organization of work among the slums. Or again, it was the building up of guilds of the young men. So year after year went

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by; and then he began to notice that he often felt a little tired and nervous and that he was not able to get the refreshing sleep of the past. He could not account for this. He used to think that he could never be tired, that it is all nonsense for a man who by exercise and simple living keeps himself "fit" to feel fatigue. He must be getting lazy, he thought, and so he worked the harder. But Nature is inexorable: the store of vitality, born of "the odor of brine from the ocean" and the far-flung plains of the years gone-by, was slowly ebbing away. The tireless rector had at last to face the fact, a fact brought home to him one day by an attack of low fever, which laid him up for a little while.

"There is just one thing you must do," said the doctor, "if you wish to escape a nervous breakdown: you must go away for a long rest. You must give up work absolutely, leave all stress and strain behind you, and think of only one thing, the building up of your health and strength. Do not argue with me, please, but go and do as I tell you. You owe this to the church and to yourself."

Like a wise man he accepted the inevitable, and threw himself with boyish enthusiasm into preparations for his holiday. Having left a capable man behind him, he went away, care-free and heart-free. Heart-free. Not that there was not many a young woman in the parish who would have been only too willing to become the rector's wife, and would have made a good wife. There was the Colonel's daughter, a whole-souled girl, whom he had often met at the tennis nets, the very picture of buoyant life and hope, and very pretty withal, of the tall, athletic type. There was the sister of his friend, the naval captain, Junoesque in style and more reserved and dignified, but very charming when she unbent. There was the judge's daughter, who took such an interest in church work, and with whom he discussed religious, even doctrinal questions—all in a spirit of cameraderie, which he acknowledged to himself was very pleasant. There was the rather mysterious young lady whom the parish had never been quite able to fathom. She was of mingled French and Spanish blood, and her father, rumor had it, had been a prominent figure in a revolution. She spoke with a delightful little foreign accent, and she was in his mind more frequently than he would have cared to confess.

He found himself comfortably ensconced in a busy seaport town on the southwest coast, with its quaint memorials, in its older quarter, of Elizabeth's spacious days; with its new and bustling modern quarters; with its wide outlook over the sea; and with its pleasant background of wooded heights; and he set himself strenuously to the task of regaining his health and strength. He tramped the pleasant country lanes, which bordered the great apple orchards all aglow in their pink-and-white blossoms; he mounted the cliffs and looked far out over the shim-

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mering sea; he passed happy hours rocking on that sea which he so much loved. He had many little adventures, also, for he was an approachable man and made friends very easily: many a long chat with laborers out of work, with the waifs and strays of the water front, even with the poor girls of the streets who approached him and whom he treated with inborn courtesy and pitied with all his heart. And then suddenly Fate touched him and changed the whole course of his life.

It was a gloomy, misty night, and he found himself walking in a rather hard part of the town. The street was filled with its varied life: the little shopkeeper dealing out his pennyworth of goods; the sailors, some of them a trifle under the weather; the soldiers, so spick and span; the young lads out for a walk with their sweethearts. The rector watched the human tide as it ebbed and flowed past him, and then turned up one of the cross-streets. It was a gloomy, unprepossessing street, badly lighted and virtually deserted. He was just retracing his steps when suddenly around the corner came toward him a young woman running at full speed. He had only time to notice that she was very pretty and refined-looking, altho pale and frightened and poorly clad. Behind her came a man, tall and distinguished in appearance, but with the marks of dissipation on his face and a cruel look in his eyes. Close behind him came another, short, coarse, and repulsive. They were hurrying after the young woman, and as they came quite near Hilliard, the tall man struck at her with an oath and tried to grasp her. In an instant the rector fronted the man and shot out his first. The pursuer was evidently athletic, for he ducked and countered. Hilliard swung again, but, as he did so, he felt his feet knocked from under him by the man behind, and he went down from a blow from the man in front. The last he knew was a sharp pain in his right arm and a dull blow on the head as he fell backward on the curb. In the meantime a crowd had collected, and the young woman and the two men disappeared.

It was in a quiet, well-shaded room that he awoke: awoke with a dull pain in his head, which was all done up in bandages, and with a curious feeling in his arm, which was encased in splints. He could not imagine where he was. He tried to collect his thoughts and to sit up; but he found that he could do neither. Very soon there appeared a kindly woman in the garb of a nurse, who told him that he must not think or ask questions. She then gave him some medicine and bade him go to sleep, which he forthwith did. He slept for a long while, and awoke with a much clearer head. The nurse then told him all that had happened: that he had been picked up unconscious and brought in by the ambulance; and, as his cards had been found on him, he had been put into a private ward; that he was suffering from a severe contusion of the head, the result of his fall on the pavement, and from a broken arm; and that, if no complications set

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in, he would be up and about in a short time, altho his arm would not be strong for a long while. The words of the nurse were true; day by day his appetite returned, he became stronger, and, with the exception of his arm, he began to feel something of his former self. He, of course, informed his church of what had happened, and received sympathetic letters wishing him a speedy recovery and begging him to stay away until he had entirely recovered. So the days passed on; and very often there came to him the picture of the young woman with the lithe figure, the wonderful eyes, and the rich golden hair, fleeing with a look of terror from her pursuers. He tried to forget the sight, but he could not, and he wondered again and again who she was and who were the men against whom he had defended her. What was she, a refined, delicate woman, doing in that street, and why was she so terrified? But in all probability, he said to himself, she was but a part of life's flotsam and jetsam, one of that great army that sacrifices itself, in order that, as the expression is, the sanctity of the home may be preserved. He had often asked himself whether such sacrifice were necessary; but, at any rate, he would not believe that she belonged to that army; there must be some mistake. He wished so much that he might see her. Perhaps she might call: he hoped she would. It was really nothing he had done; any one would have done the same; but one likes to be thanked. Apart from this he wanted to see her; and so he became quite low-spirited as the days went by.

But one day there was brought to him a little note written in a delicate hand and signed, "The One You Protected." It merely asked permission to see him and thank him for having come to her aid and to express her sorrow for his sufferings. "Tell the lady that I shall be happy to see her," he said; and he was conscious of feeling a little ashamed, when he looked into the glass, that he was not more presentable. In a moment she entered, timidly and quietly, "the lady of the adventure," as he had often called her to himself. Very charming she looked as she took his hand and smiled.

"I am so grateful for what you did for me. I cannot tell you how grateful I am; and I cannot tell you how grieved I am to know that you are badly hurt. Have you suffered very much?" And tears came into her eyes. "I was afraid you would think it rude and bold of me to call to see you."

"Bold and rude," he said. "How could I think that?" It is more than kind of you to come. What I did was only what any man would have done."

"No," she answered, "many a man would have passed by on the other side, or laughed at what he would have called a street brawl, or hesitated before two strong men. I wish I could do something to show my gratitude: I do indeed. You little know what I feel to have escaped."

"Tell me all about it," he said.

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"I cannot tell you," she answered, "do not ask me." All attempts to get an explanation were in vain. He did discover, however, that she had had great difficulty in finding where he was, as she had hurried away after the accident, and that she had debated with herself whether she should call and speak her thanks or only write.

Hilliard made light of his injuries and said many pleasant things about the pleasure she had given him. As she was about to go he ventured to ask whether she would not call again. She hesitated for a moment and was about to refuse him; but he asked so earnestly that at last she consented. She consented also to leave the little rose that she wore in her bosom, and which she gave him with a sweet smile. She gave him her hand at parting, and he would have liked to raise it to his lips. He feared to do that, but held it for a second in his. Then, with a look of sympathy and thanks, she passed out of the room.

How empty it appeared when she had gone: all the sunlight had faded away. He lay thinking of her and her pretty ways long after he should have been asleep, going over all she had said, and he found himself very lonely. When would she come back? he asked himself. Why had he not asked her to return very soon? Perhaps she would not be there again for a long while, or perhaps not at all, having promised to come only as a matter of politeness; but no, she would not do that, he believed, for she seemed pleased at meeting him, he thought. She did come, on the third day; and she seemed even more sweet and beautiful than before. She brought some flowers, also, which she gave with an air of charming diffidence, and she asked so kindly about his health, and was so happy when he told her that he was much better, that he begged her to stay a little longer, which she did, but only for a moment. It was more lonely than he could have believed it possible, when she had gone, after promising, however, that she would return again very soon. He had asked her name, and, indirectly, her address; but when he came to think it, she had adroitly parried his question. He knew, therefore, nothing more than before. There was one thing, however, that he knew: that she had a subtle grace and charm possessed by no other woman he had ever met. At the end of the next week she called again; and, as he was able to go out now, they walked together along a shady road at some little distance from the hospital. This was the first time they had had an opportunity of discussing subjects other than the mere commonplaces of conversation; and he was surprised to find how wide was her range of thought. The poor, woman's place in the world, the labor question, the churches—upon all these she had read and pondered and formed an opinion. Not that she was unduly aggressive or radical. She struck him, on the contrary, as being somewhat conservative in her views; but she had, he saw, studied these and many other great problems and had learned experience

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in the school of life. What impressed him chiefly, however, was that there was a note of sadness in all her words. There lay over her life, he could plainly see, the shadow of a great sorrow, altho it had not marred the beauty of her face or the grace of her step.

His injuries were now rapidly healing. He had left the hospital, and could take longer and longer walks. It seemed very natural now that they should meet and walk together, for they had become chums and discussed with freedom all sorts of questions. She was, in fact, the only woman he could really think of as a chum or comrade. In these friendly little arguments she showed no idle dallying, no mock modesty, no trifling with the subject, however delicate it might be. She was frank and natural. Moreover, she was glad to meet him, and showed her pleasure. He asked her one day whether she liked their walks and talks, and she frankly answered "Yes."

By this time he began to acknowledge to himself that he was falling in love. He would dismiss all such thoughts from his mind. Was he not going back to resume his church work? Was it not the chief, the only duty of a clergyman to attend to his parish? And then, who might this young woman be? For all he knew, she might be an adventuress like many another. Except her name—she had told him that—and that she was earning her own living, he knew nothing about her. But no; he would never believe that she was a mere vulgar adventuress; she was too kind of heart, too refined, for that. And as to love, even if he had vowed to himself that he would never marry, was it not man's privilege to change his mind? He argued thus with himself, the only result being that he felt ever more happy when she was present, ever more lonely when she was away. He lost interest in everything else, and came to recognize that for him there was only one being in all the world. He did his best to thrust her face from his mind, but in vain. He had come to learn for the first time in his life that when the man and the woman designed for each other meet, all human barriers are as nothing to keep them apart.

As the end of his holiday drew near, he made up his mind to tell her of his love, but he put it off until the last evening. They met at their usual trysting-place, and took their way along the path to the little park where they had so often sat. He was tired in going up the heights, for he was still somewhat weak; and she gave him her arm, letting him hold her hand, the touch of which thrilled him like a rich wine. Reaching the wooded crest, they sat down beneath the trees. It was a perfect night. "The heavens thick inlaid with patines of bright gold"; the air warm and with a touch of perfume; the rhythmic beat of waves upon the shore; the low murmur of life from the town far below; the mystic distance of the summer sea: all these touched the inmost chords of their beings. She was strangely beautiful. The

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hunted look had left her eyes, and the color had come back to her cheeks. The warm night-air just moved the tendrils of her hair as it hung about her brow. Her gown showed the perfect lines of her figure and just concealed her bosom. As he looked into her eyes glowing in the evening dusk, he felt that strange, mysterious thrill that no other woman had ever awakened in him. And so in words of fire he told her of his love.

He lifted her hand and was about to touch it with his lips when she drew back and rising said, "Oh, do not ask me to be your wife, for I cannot—I cannot." "Do you not care for me?" "Yes, more than I can tell you, more than I can tell you." He stretched out his arms to clasp her, but she drew back once more and said, "I can never be your wife." "Why?" he asked. "Why have you let my love grow day by day only to crush it at the last?" "I know I have acted wrongly," she said, "but you came into my lonely life; and I had not strength to confess it to you. Do you know what I am? I am a married woman. My husband is the man who pursued me and who would have killed you."

He sat with wide staring eyes as she said this.

"I was married when a mere child. We had met only a few times before; but he was of the kind to appeal to a young girl full of life and romance. I was partly of Italian blood, and he had that charm which Anglo-Saxons so often lack. He was athletic and handsome; and I pictured him in my dreams as indeed a very Bayard. My father and mother were dead, and my guardian urged on my marriage. I became his wife, and then too soon the disillusion came. Beneath a polished surface lurked all the selfishness of a tiger. His every word became a taunt, his every act a cruelty. Little by little, also, he became indifferent to my support. All his earnings were gambled away, and he sought ever lower and lower companions. Ah! How I suffered during the long weary years! How I pined for some little token of love, some little act of kindness! Have you ever thought what it is to be forced to live with one you hate; to have to crush all the love and passion you would fain give to one you love and be obliged to submit to the embraces of one you loathe? I have borne faithfully with him all these years; I have tried to be a good wife to him; but all in vain. I hate him now with all my soul, and would kill him if I could. My husband it was who attacked you that night, attacked you because you defended me from him and his friend more vicious than himself."

"His friend! But why was he there? What was he doing?" She hesitated and then, sobbing, said, "How can I tell you? My husband was in debt to this friend for money lost in gambling, and he wanted to make me pay the debt." "Did he propose that awful thing to you before?" Hilliard asked, his face white with anger. "Yes," she answered, "he bade me go out on the street and earn money." "And you obeyed him?" She did not answer for a long while, but kept her eyes fixed upon the ground. "Tell

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me; please tell me," he said. "Oh, you will despise me; and I want so much to have your respect and friendship: yes, once. Oh, the horror of it! To beg men to buy you! But only once, only once. I would die rather than do it again." "Why did you do it?" he asked. "Because I was weak and frightened, and he wanted money, and I was hungry. Oh! if I could only blot it out, burn it from my brain! You loathe me now; you loathe me: I know you do. Good-bye, good-bye." And she turned to go.

"Loathe you!" he cried. "Who am I that I should loathe you? Have I always been pure? Despise you? No: a thousand times no. I pity you with all my heart. But why have you not obtained a divorce and married some one who would have made you happy?" he asked; and then he was shocked that he should have said such a thing. "No: I mean—"

But she interrupted him. "Divorce! How could I? Have I witnesses? Would not he and his friends swear against me? Would not they say that I, and not he, have been the erring one? Is my oath better than theirs? Does he ill-treat me in the eyes of the world? No; I am powerless. I must show cause, and I cannot. More than this: a divorce costs money, and I have none. It is the luxury of the rich, and I am poor. Still more; I was brought up in a church which says there shall be no divorce, that marriage, once entered upon, is indissoluble; that when the promise is made, "until death do you part," it means, "for better or for worse;" and I believed that, believed it for years; but thank God, I believe it no more. You clergymen who speak so lightly of a life-long union: do you know what it means to be bound day and night to a man who has only one interest in you? Is not this in very truth 'the body of this death' of which the Bible speaks?" She burst into a flood of tears, thru which he heard the words, "Why did you ask me? You despise me; you despise me!"

Hilliard was in such a state of dumb consternation that he did not know what to do or say. He knew only that this woman had passed all these years in agony, that she was bound to this man whom she hated, and that she could not free herself. Then, for the first time, he asked himself whether all this could be right. It came upon him like a flash, the thought, whether God could intend that the happiness of a lifetime should be wrecked in order that the so-called sanctity of marriage shall be maintained.

Ruth—that was her name—was walking away, when he caught her and held her back. Taking both her hands in his, he looked into her tear-stained face and said again, "Despise you? No, I pity you, and I love you with all my heart. I am not worthy to kiss the hem of your garment; but to me you are the one and only woman in the world. I now know that I loved you the first day we met, and I love and honor you a thousand times more now that you have laid bare your heart and life."

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He drew her gently toward him, and their lips met in the first kiss. Until he died he remembered that moment; her rich warm lips, her perfumed breath, her heart beating against his, as, clasped in each other's arms, they drank of the cup of the ecstasy of love. And then they looked into each other's eyes and knew that in their own hearts they were man and wife. It was all very solemn as they stood thus face to face with each other and themselves: they were awed as in the presence of a great mystery. Arm in arm they walked down the pathway by which they had come. She gave him her hand, and he raised it reverently to his lips. "May I see you again very soon?" he asked. "Yes, very soon," she answered; and with a kiss they parted.

Hilliard walked home very slowly, and all night he lay awake, pondering and wrestling with himself. The morning found him pale and haggard, as he sat down and wrote to his church asking for an extension of his leave of absence. That day and the next and the next he passed in an agony of doubt, of remorse, of self-examination. "Oh! that I could die!" he cried; and he prayed earnestly and honestly that he might be given light to do what was right. The old foundations were, he felt, slipping away from him; the rock upon which he had safely stood was being engulfed by the waves. But gradually his mind became clearer: the mists began to pass away, and he caught a glimpse of Nature and life and duty as he had never seen them before. He set himself bravely to working out the problem of the future. He must give up his position: that was absolutely certain, apart altogether from the question of marriage and divorce.

Divorce: Why did that always come up in his mind? Was he beginning to regard this in a new light? That could not be. The indissolubility of marriage was one of the fundamentals of his belief. How often and how earnestly he had preached this doctrine, that the sanctity of the marriage tie is the basis of all civilization! And yet, in all fairness he must acknowledge that he had never looked at the other side; more than that, he had deliberately closed his eyes to that other side. He had always minimized the evils of the present system. He had always argued that it is the duty of the wife to bear uncomplainingly the hardships of her lot. In extreme cases she might, of course, obtain a separation, but with no right of remarriage. That Nature cries out against this, that life to multitudes is one long penance, that the streets are filled with outcasts: all this was nothing. No, not nothing, but a necessary evil. "Ecclesia locuta est: res finita est." But has the church the right to speak thus? The doubts again returned. Has the church always been correct in her struggles with science, yielded when resistance had become useless? By what right does she say that the man and the woman whom the word of a priest has just bound shall be found forever neither being free to marry the one really loved? By what right does the State hold them together when there is no love between

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them? He was almost terrified as he asked himself these questions, for, altho they had come to him at times before, he had always put them aside.

But now they would not down. And so, having resolved upon one thing, he resolved upon another: that he would devote his life to making happy the woman whom he loved and whom he regarded "in the sight of God" as his wife. To this conclusion he had come, and he felt a strange peace when he had reached it. He remembered the words, "It is the letter that killeth, but the spirit that maketh alive." He had answered for himself the question whether the God of all goodness can sanction a thing which holds in chains its multitudes of martyrs. And for what? For the cause of purity? Is England pure? Are the lands in which the Roman Church holds sway—are they pure? He had reached, unconsciously, the great truth, that marriage, as it now exists, is but one phase of the old idea that woman is man's chattel, that, as the church and the state have taught, she is subordinate to him and was created for him. Not that marriage is in itself an evil thing, he saw; rather that it is the best, the only perfect state in the world—but this only when it is a real marriage, a union of love, notwithstanding the words of all the priests and magistrates in the world. Hilliard determined, then, having reached his conclusion, to put it into effect at once.

He first called upon his bishop and explained to him his position. He told the bishop that he was no longer fitted to hold his office; that he loved a woman who was bound to another, but whose husband he considered himself to be before God, that he intended to devote his life to making her happy; and that he wished to resign at once. The bishop was not only shocked at the avowal of such views, but pained that the church should lose so valued a man. Moreover, he was really very fond of the rector, and was genuinely sorry to see his brilliant career cut short. He brought forth the well-known arguments for such cases; but, strange to say, they all seemed so fallacious now, so hollow, so onesided, that he wondered that they had not struck him as such before. He listened with respectful attention to all the bishop had to say, but adhered to his determination. One favor only he asked, that the reason for his step should not be made known. The church of St. Alfreda, then, lost its rector, amid a mystery which its parishioners long tried to clear up. Hilliard recognized the seriousness, from a mere material point of view, of the step he had taken. Still he was not entirely without resources. He had saved something from his stipend and from a legacy left him some years before; and he had good friends. From one of these he received an appointment in a shipping firm. To the friend in question, who had asked him why he had, as he expressed it, thrown up so good a thing, he answered that there were some doctrines to which he could not conscientiously subscribe: to which, much to Hilliard's surprise, the friend said that he did not wonder at it, and that, altho his

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friends and himself went to church, they did not believe half the doctrines preached.

Hilliard had kept up a correspondence with Ruth, but had not seen her. How eagerly he waited for her letters; and when they came—so full of love, and yet so ready to give him up, if that were for his good—he felt how bound up she was with his very life. He realized, also, how coarse and selfish and commonplace must the true man confess himself to be when brought face to face with an ideal woman. At last they met. He rushed forward as she came toward him, with the lovelight in her eyes. Clasped in each other's arms they told each other once again the old, old story; and, when he asked her whether she would share her life with him, she answered as did Ruth of old, "Whither thou goest, I will go, and where thou dwellest, I will dwell." Thus they began their new life. They set up their home in the great city—a little home, it is true, but within it a shrine of love and happiness. The man-made yoke that had lain so heavy upon them was lifted; and all life seemed radiant with beauty, as in "the golden islands of the West." He was very happy in his work for her; she was very happy in living for him.

The thought of the man to whom by law she was bound had almost entirely disappeared. He had left England, she had learned, at the time of the fight, fearing that he had killed Hilliard. He was one of those, however, to whom revenge is sweet. Moreover, he was convinced, when he had found that his wife had gone away, that there was some mystery here, a mystery that very probably might be turned to good account. The thing was to find her and him. Consumed with the one desire, to find the woman who by law was his wife, he tramped day after day the streets of the great city, peering into the faces of the crowds. He had become more dissipated than before; and the habit of drugs had so fastened its hold upon him that at times his whole being was numbed, and again were unchained all the demons of his evil nature. Now, moreover, he knew for the first time the real meaning of hunger and lack of shelter. Obsessed by the one object of finding his wife and her companion, day by day and night by night he tramped the weary streets, watching the throngs as they gathered to spend the holiday hours, haunting the shops, wandering thru the parks. At last, one evening, he caught a glimpse of Ruth, and she of him. It was but a passing glance, but it told her all she feared. It meant that he would find her and destroy the only happiness she had ever had. She escaped from the throng as fast as she could; but she felt that her dream was gone—yes, more, that her lover's life was at stake. What should she do? Break up her little home? She could not do that. What reason should she give? Tell Cyril? That would only alarm him without accomplishing anything. Leave him secretly, and begin the lonely life of the past? She could not do that, and it would break Cyril's heart. She hoped and prayed and tried to look cheerful. When Cyril noticed that she was

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worn and preoccupied, she said that she was tired, that was all! He planned for her, therefore, a little holiday; and they arranged to go away on the morrow for a few days' trip to the sea. He was like a boy full of plans for the trip. He was always at his best at such times, and she had never loved him more. She went to him and threw her arms around him, whispering, "Oh, how I love you, my darling, my darling!" They sat down and talked of their happiness. He asked her whether she had ever regretted the step she had taken; and a look came into her face that he had never seen before, a look such as the old painters put into the faces of the martyrs as the flames crept ever nearer. "Regret it," she cried with vehemence. "You have given me the only happiness I have ever known in my life. You have abandoned a career of fortune and fame for me; and I would die for you." She drew down his head toward hers and gave him one kiss, into which she put all the love of her soul. They had finished all preparations and were hoping it would be a fine day on the morrow, when a ring came at the bell. Ruth went to the door. As the visitor entered the little hallway from the dark, Hilliard heard a cry of horror from his wife and then the taunting voice of a man, "And so I have found you in your little nest." Hilliard rushed into the hall just as the man was about to seize her, when the man drew a weapon and pointing it at him said, "I thought I should find you here." Ruth knocked his arm aside as he fired, and then threw herself in front of her lover. A second shot rang out; and her blood crimsoning her bosom, she fell dead at his feet.

I met Hilliard some time after that; but at first I did not know him. He looked many, many years older, and all the joy of life gone out of him. He was restless and preoccupied; and altho he did not speak very much, he was very hard on society and the church. I think his mind has become a little unhinged. They said that they had to hold him back to keep him from throwing himself into the grave, when the coffin was being lowered; and that he haunted the graveyard for weeks and then suddenly disappeared. I did not like to speak to him about the subject, knowing how painful it must be to him. But Hilliard burst out suddenly: "Do you know what is the most awful thing in the world?" And he answered his own question: "That a pure, loving woman should be bound all her life to a man she loathes." He stopped for a moment, and then went on: "You and I will not live to see it; but it will come, it will come—the day when love alone shall be the tie of wedded life." He did not see that day, poor man, for he died shortly afterwards at Singapore of a fever. The nurse said that his last words were: "Did you see her in her coffin, so pure and a smile on her lips? You know what the Bible says: 'Greater love hath no man than this, that he give his life for his friend'; and she gave her life for me, who was not worthy to touch the hem of her garment." And then he died.

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COITUS INTERRUPTUS AND THE BIBLE.

Jan. 7, 1918.

To the Editor of THE CRITIC AND GUIDE:—

Dear Dr. Robinson:—Dr. Talmey's attempted refutation of my little article on Onan amused me considerably. He overlooks the trifling fact that the question is of the *Biblical,* not the *Talmudic* penalty for onanism. With profound grief at the necessity of shocking him in his extreme orthodoxy, I am compelled to believe that an erroneous exegesis of a Bible passage is not bettered because adopted by certain Talmudic writers. No doubt, their desire to impress their own disapproval of coitus interruptus is responsible for their wresting of Scripture to give sanction to their views. But the context is unmistakable. The few verses regarding Onan form part of a chapter, which is a unity in the matter of which it treats. Any reader can see this for himself, without resorting to farfetched and wholly unwarranted assertions made by Talmudic writers.

In verse 7, it is said of Er that he "was wicked in the sight of Jehovah." No hint is given as to his particular offense, whether he committed some special sin, or was guilty of a general course of ungodly behavior. The same formula is used over and over again in the Jewish Scriptures. There is not a word of any kind to justify the statement quoted by Dr. Talmey from the Talmud. Er may have been an idolater, a murderer, an adulterer, or anything else, so far as we are told.

In the first and last clauses of verse 10, we are told why Onan acted as he did. His act, under such circumstances and for such a motive, to evade the law of the levirate and rob his brother of the legal heir whom he should have begotten for him, was displeasing to Jehovah, and therefore punished. Whether the same act, under other circumstances, would be condemned, is left an absolutely open question.

The whole purpose of the chapter is self-evidently not to discuss coitus interruptus, but to enforce the sanction of the levirate, and to establish it firmly as a divinely appointed institution. Let Dr. Talmey close his Talmud, and read the rest of the chapter with care; and he will see this. In verse 11, Judah fears the death of his son, unless the law is complied with, and therefore requires Tamar to live as a widow until Shelah is old enough to fulfil the obligation. When, later, Judah fails to give Tamar to Shelah, she resorts to a stratagem to ensure an heir to the long deceased Er; and Judah himself, on learning all the facts, declares: "She is more righteous than I; forasmuch as I gave her not to Shelah my son."

In view of the whole context, it is palpable beyond a shadow of reasonable doubt that the author taught that the penalty for cheating the law of the levirate is death, and that coitus interruptus simply happened to be the means employed in the commission of the offense against the deceased brother.

JAMES F. MORTON, JR.

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Therapeutic Guide

A Prompt Emergency Hypnotic.

Dr. C. J. Douglas (*N. Y. M. J.*, Dec. 1, 1917) recommends a combination of hyoscine and apomorphine as a most dependable hypnotic, especially valuable in the treatment of the excited stage of alcoholism and other mental ailments. The careful regulation of the dose is important. The average dose of hyoscine is 1/150 grain; under no circumstances should 1/100 grain be exceeded. Of the apomorphine 1/40 to 1/50 grain is sufficient. The two drugs should be mixed and administered hypodermically in one injection.

Case of Temporary Blindness.

Drs. F. P. Maitland and K. Campbell (*Brit. Med. Jour.*, October 9, 1917) report a case of temporary blindness in a Sergeant, 49 years of age. When admitted he was unable to see anything, not even a man standing by his bed. His temperature was 101.2°, pulse 79, respirations 18. Chest and abdomen were in good condition, nothing abnormal with his urine, the arteries soft, the blood pressure normal; he had always been healthy and never suffered from any disease which would account for his present trouble. He complained of some headache, but slept fairly well. A careful examination of the eyes revealed his vision to be reduced to the recognition merely of hand movements, but no changes in the eyes were noticeable. The temperature fell gradually, being normal at the end of eight days. Pari passu his vision began to improve, and fourteen days after admission he could read a newspaper. After two weeks of rest he was discharged as fit for duty. The writers are disposed to think that some toxic condition of the blood had caused either anesthesia of the rods and cones of the retina, or of the neurons of the visual centers in the cortex.

Recurrence of Adenoids and Tonsils.

The operation for the removal of enlarged tonsils and post-nasal growths in children is often followed by little relief owing to the fact that the obstruction has some other cause. A deviated septum in a child, provided there is no marked spur, which if present can be removed easily, may be bent into shape with an Asch's blade; and if this is not sufficient, a submucous resection may be done as the child grows older. The turbinate will probably become reduced in size on its own account, but, if not, a puncture cautery will do this, and in many cases the asthma, if present, will in consequence

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improve. If one takes a series of cases of septum deviation and enlarged turbinate one will often find on each a small white spot, which in course of time becomes an ulcer, showing that these have been in contact.—DR. ARTHUR M. BARFORD: *Brit. Med. Jour.* 11, 17, '17.

Drug Nihilism.

....The physician who is a drug nihilist, is seldom a logician. He opines that drugs are worthless, yet he cannot avoid learning testimony to the marvelous powers of mercury, salvarsan and quinine. What is true of the value of these drugs is true of a multitude of other drugs. Physicians who decry drugs, are playing into the hands of cults...—*Clin. Med.*

Anti-Drug Cranks.

Those who preach from housetops and in the most blatant tones against drugs, are often the first to fly to the physician for relief when in real pain or distress.—*Med. Council.*

Epilepsy of Syphilitic Origin.

With the object of throwing some light on thhe connection between syphilis and epilepsy, Dr. Lévy-Bing and Dr. Gebray (*Ann. d. Mal. Vén.*, May, 1917) describe their observations of several cases, and present the following conclusions: Syphilis is a more frequent cause of epilepsy than one generally supposes. It may appear during all the luetic stages, but occurs chiefly during the secondary-tertiary and the tertiary period. To account for epileptic symptoms in certain syphilitic patients, the writers point to preceding nervous disorders as possible predisposing factors, but assert that in the majority of cases the cerebral localization cannot be explained by our present means of investigation. Epilepsy of syphilitic origin is without typical clinical symptoms which differ from those found in other forms of epilepsy. In some cases, a certain complex of symptoms, the anamnesis, and chiefly syphilitic antecedents admit of a definite diagnosis. In doubtful cases, the most important points are: 1, the history of syphilitic infection; 2, the patient's age at the time of the first fit; 3, the Wassermann reaction; 4, the findings of cephalorachidial lymphocytosis; 5, the sign of Argyll. The syphilitic origin of epilepsy is often not recognized, because only too often the physician is satisfied with diagnosing epilepsy but without troubling himself about the cause of the disease, and further, many patients either deny syphilis or are not aware of its presence. Yet, in any event, remedial operations must be instituted, for in epilepsy of syphilitic origin, like in all syphilitic manifestations, the treatment is bidding fair of highly satisfactory results, and the assurance of complete recovery is held out if the fight is conducted in a methodical manner for a sufficient length of time, provided, of course, that it is not started at the ultimate stage of a cerebral syphilis.

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Pneumonia.

Dr. Charles M. Nice (*N. Y. M. J.*) has given a combination of quinine hydrochloride—5 grains—with creosote carbonate—5 to 7 grains—in pneumonia with surprisingly good results. This was given every three hours, and the dose decreased according to age. Fresh air and forced feeding were adjuncts of the treatment.

Cold in the Head.

When a cold in the nose and head is coming on, rub the nose between the thumb and forefinger. This presses the blood to the mucous membrane and helps wonderfully in throwing off the cold. This of course must be done at the onset.

Catarrhal Colitis.

In the treatment of the various forms of catarrhal colitis diet plays an important rôle. In addition, most of the patients do best when treated with irrigations. Of these, solutions of potassium permanganate, boric acid, gelatin or instillations of protargol are most valuable. The internal administration of large doses of tannigen or bismuth sub-carbonate is helpful.—DR. JULIUS FRIEDENWALD: *Jour. A. M. A.*

Two Cases of Chancre of the Tongue.

In *Annales des Maladies Vénériennes* (Oct., 1917) Drs. Lévy-Bing and Gerbay present two cases of chancre of the tongue, both of which came under the writers' observation on the same day, and in each case kissing was given as the cause.

I. A medical student, 21 years old, attendant at a field hospital, on admission, August 9, 1917, gave the following history: On June 25, 1917, he noticed a linear erosion, about two millimetres long, on the upper anterior left side of his tongue. Exactly a month before, being in Paris, in a café, he had kissed repeatedly a professional prostitute, a chance acquaintance. No other connection had taken place, according to the patient's allegation. He never smoked. On July 5th, the patient noticed that the lesion on his tongue, being of about six days standing, was surrounded by an indurated circular zone. On July 16th, he consulted two military physicians who both declared he shouldn't worry as there was nothing serious the matter with him. On July 25th, there suddenly appeared a swelling in the left cervical anterosuperior region. Simultaneously the region of the chin became painful on palpation. The formation of this swelling was accompanied by a sudden elevation of the body temperature to 39°, which however was normal again at the end of 24 hours. At the time the patient was again examined by the two military doctors who declared those symptoms being due to a momentary grippal condition. Finally, on August 2nd,

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that is to say, 38 days after the onset of the lingual lesion, after the appearance of a general roseola the diagnosis of a syphilitic chancre of the tongue was established beyond doubt. The patient was first treated at his division, receiving an injection of gray oil, and then was sent to the venerologic station where he arrived on August 9th, 1917. The examination revealed a perfectly circular erosive chancre of a grayish color extending over the red of the tongue, being in a state of cicatrization, the size of a fifty cent piece. The chancre was located at the left side of the anterior portion of the tongue, 3 millimetres from the anterior border and 2 millimeters from the median line. The easily perceptible induration was limited to the erosive zone and left gristly. The patient had no pain, neither spontaneous nor on palpation; the lesion was painful at no time, not even during eating. There were several small swollen glands at the left side of the lower jawbone and a cervical adenopathy at the left, along the internal border of the sterno-cleidomastoid. At this level palpation revealed the presence of a mobile, painless, gland the size of a big almond. Two small ganglia were perceptible in the left posterior cervical region. The trunk, the upper extremities and the groins were covered with a roseola consisting of numerous macules of a bright red hue. On August 10th, 1917, the Wassermann reaction was positive—(4 plus).

The result of the ultramicroscopic examination was likewise positive.

II. The subject of the second case was a trooper, 26 years old, farmer by profession. Being in Lyons, on a leave of absence, he picked up a woman with whom he had several connections during the night from May 20th to 21st, 1917. The man admitted that he had kissed the woman on her mouth, but he denied all cunnilingus practices. Before the above mentioned meeting the man had no coition since February last, neither any after that. He smoked cigarettes, but never the pipe. On July 14th, he noticed a lesion on the left anterior upper side of his tongue; this was occasioned by a traumatism. While in a trench and bruising his cranium he bit his tongue. A few minutes afterward he looked in a mirror and noticed a lesion at the spot of his tongue which he had bitten. Since that time he presented himself daily at the medical examination of his batallion. On July 25th there commenced a cervical adenopathy on the left. Finally, on August 6th, a general roseola was visible. On August 9th, 1917, the man came under the care of the authors. He presented a papular chancre of red hue and with a grayish disk in the center, the size of a fifty cent piece. The lozenge shaped induration was perceptible by the naked eye. The ultramicroscopic examination revealed the presence of numerous spirochetæ pallidæ. The patient had no pain, neither spontaneous nor on palpation nor during mastication, but stated that for two days after the biting, his tongue had felt somewhat tender.

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There was an adenopathy on the internal border of the Sterno-cleidomastoid. At this level palpation revealed the presence of numerous small, mobile, hard but painless glands. The trunk and chiefly the anterior thoracic region was the site of a general roseola consisting of numerous spots and pimples. On the glans there was an erosive syphilid the size of a millet grain, the syphilid making its appearance almost simultaneously with the cutaneous symptoms. The Wassermann made on August 10th, 1917, was positive,—4 plus.

Mercurial Injunctions in the Treatment of Syphilis.

In an article on the treatment of syphilis (*Therap. Gaz.*, Nov. 15, 1917) Dr. Edward Martin recommends injunction as the safest method when mercurials are given, the usual dose being a drachm a day for six days, with three days rest; two, three, or four of these courses to be given in a series. The writer says prolonged rubbing is not important, but prolonged contact is. In his opinion the following is the best technique: The patient is to be instructed to select various areas of the trunk, rubbing in a specific quantity at night for five minutes and putting on an undershirt, which protects his night garments. This undershirt is preserved and becomes of increasing value with the passing of time. The patient takes his customary bath in the morning and puts on clean clothing.

Scabies.

Ten or twelve per cent sulphur ointment is an efficient remedy but it is too irritating for young children. Hartzell recommends for the latter equal parts of stryrax and olive oil, or one or two drams of balsam of Peru to the ounce of petrolatum. The remedy should be rubbed in from the neck to the end of the toes and fingers on three or four successive nights. This should be followed by a bath, and then wait for three or four days to see whether the treatment has been successful and to avoid producing a dermatitis. If unsuccessful the treatment must be repeated. All members of the family must be treated.—*International Clinics*, June 1917.

Bronchial Spirochetosis.

The disease is diagnosed by examining with the ultramicroscope sputum obtained after rinsing out the mouth and gargling with sterile water. The treatment consists in the administration of arsenic or antimony or both. Antimony may be given thus:

℞ Antimonii et potassii tartratis..0.1 to 0.2 gram
Syrupi tolutani ..... 50 grams
Aquæ chloroformi .....100 grams
M. Sig. One tablespoonful in water four to six times a day.

The chloroform water serves to prevent emesis. In a few

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instances, addition of codeine in the same manner as the tartar emetic is useful. In other cases, potassium or sodium iodide may be added:

℞ Antimonii et potassii tartratis..0.1 to 0.2 gram
Potassii iodidi .....2 to 4 grams
Sodii bicarbonatis .....3 grams
Glycerini .....30 grams
Syrupi tolutani .....20 grams
Aquæ chloroformi .....100 grams

M. Sig. One tablespoonful in water three to six times a day.

With the above specific treatment may be combined balsamics where expectoration is copious and glycerophosphates in chronic forms with loss of weight and marked general weakness.

—ALDO CASTELLANI: *Presse Méd.* Quoted in *N. Y. M. J.*

Treatment of Pulmonary Edema in Pneumonia.

In the treatment of pulmonary edema in pneumonia, the most reliable procedures are: strophantin intravenously, caffein subcutaneously, oxygen inhalation, venesection, and perhaps counterirritation to the chest. Supplementary treatment should be determined by the presence of acidosis or other associated conditions.—DR. W. A. BASTEDO: *J. A. M. A.*

Adrenalin.

G. Milian (*Paris Médical*), describes the case of a soldier suffering from spasmodic paraplegia, syphilitic in origin, who responded badly to iodides until adrenalin was administered, 3 mg. (45 minims of the 1:1000 solution) twice daily. The adrenalin can be injected hypodermically in doses of 1 to 2 mg. (15 to 30 minims of the solution.

Anthelmintics.

Oil of The chenopodium when given with large doses of castor oil is an uncommonly effective and quite safe anthelmintic for use against ascarides. Chloroform in castor oil, in therapeutic doses, is the most effective anthelmintic against hookworms.—HALL & FOSTER. *J. A. M. A.*

Chilblains.

Apply a coating of linseed oil for three successive nights, letting the oil dry on the skin, and then putting on a pair of stockings to protect the bedding. On the fourth night, bathe the feet in hot water. Thereafter there will be no trouble with chilbains.—J. B. ANDERSON. *Med. Record.*

Curative Value of the Allaying of Pain.

Not only fresh wounds, but inflammatory processes just starting or already developed, will be favorably influenced and the cure hastened if the concomitant pain is removed by artificial-

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ly induced anesthesia.—GUSTAV SPIESS: *Münch. Med. Wochenschrift.*

Breaking up a Common Cold.

Dissolve 20 grains of calx iodata (iodized lime, calcidin) in a glass of hot water and take of it a sip every few minutes. If begun early enough, this frequently will abort the attack. A 20-grain dose of quinine and a hot mustard footbath and wrapping up warmly in bed for a night will sometimes accomplish the object. In every case, empty the bowels completely at once. —*Clin. Med.*, Nov., 1917.

Application for Erysipelas.

Guaiacol.....part 1
Tincture of iodine.....part 1
Glycerin.....parts 8

Painting the lesion with this mixture three times a day is asserted to arrest erysipelas in its initial stage and to effect a rapid cure.—*Clin. Med.*, quoted from Münch. Med. Wochenschrift.

Chronic Gastritis.

The following bitter stomachic is recommended by George F. Butler, (*Clinical Medicine*, June, 1917):

℞ Tincture of nux vomica .....drs. 5
Compound tincture of cinchona.....ozs. 2
Compound tincture of gentian,
enough to make.....ozs. 4

Label: A teaspoonful in water three times a day before meals.

To this can be added 1 ounce of fluid extract of condurango as a further stomachic, and, if constipation is present, 5 drams of aromatic cascara sagrada.

Calcium Chloride in Asthma.

℞ Calcium chloride, dry c. p. .....gm. 20
Dilute hydrochloric acid .....gm. 4
Syrup .....gm. 200
Water, enough to make .....gm. 400

Of this, a tablespoonful is to be taken, in half a glass of water, every two hours.—C. KAYSER: *Zeitschrift f. Exp. Path.*, quoted in Clin. Med.

Lupulin.

In painful digestion and in chronic gastro-intestinal affections, lupulin is a desirable antispasmodic, and its prolonged administration does not produce a habit. It may be given in 3 to 7 grain doses, and it combines well with other drugs commonly used in such cases, as nitrate of silver, iron, quinine, etc.—*London Med. Times.*

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Colic in Children.

For an acute attack of colic in children, ten to fifteen ounces of soap enema, injected slowly and steadily will usually give prompt relief. Apply hot flannel fomentations to the abdomen, and administer a dose of castor oil if the cause is offending material in the bowels. If flatulence is the chief feature, give:

℞ Tincture of belladonna.....2 min.
Aromatic spirit of ammonia.....2 min.
Sodium Bicarbonate .....5 gr.
Peppermint or caraway water to.....1 dr.

Sig.: Every six hours for an infant of six months.—*London Med. Times.*

Dandruff.

Shampoo the scalp thoroly with castile soap twice a week and afterward apply a lotion consisting of the following:

Alcohol .....½ ounce
Water .....½ ounce
Resorcin .....10 grains
Castor oil .....1 dram

Pneumonia.

℞ Quinine hydrochloride .....5 grains
Creosote carbonate ..... 5 to 7 minims.

M. Sig. Administer every three hours and decrease dose according to age.

Fresh air and forced feeding are adjuncts of the treatments.
—CHARLES M. NICE: *N. Y. M. J.*, July 28, 1917.

Protective Dressing.

An excellent dressing for varicose veins, ulcers, etc. is made as follows:

Glycerin .....1 part
Zinc oxide .....1 part
Gelatin (white) .....1 part
Water .....3 parts

M. Sig. Heat the gelatin in the water on a water bath until dissolved; then add other ingredients. Apply several coats with brush.

Abortive Treatment of Gonorrhea.

F. R. B. Dr. Carl Bruck's abortive method which has given good results in Neisser's clinic is as follows: Employ a Neisser syringe holding 12 c.c. (3 drams) and fill it with a 4 per cent protargol solution to which 5 per cent. of antipyrin has been added, and make the injection in person. Do not remove the syringe immediately, but press firmly in the meatus for five minutes. Repeat this on the same day, and again, twice, on the next day, provided there is not too much irritation. In the further course of the treatment, irrigations under pressure, with resultant expansion, are recommended.

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Hygiene and Dietetics

Eat Dried Fruits!

Prof. M. E. Jaffa (*Bull. Calif. State Board of Health*), calls attention to the high food value of dried fruits. The chief nutritive element in dried fruits is sugar, one of the most important factors in producing muscular energy for the body. The salts and organic acids found in dried fruit have hygienic and medicinal value. Dried figs, apples, raisins, apricots, prunes and dates build tissue and yield energy. Raisins, prunes and apples are particularly high in sugar and form an ideal portion of the diet.

The Incomparable Value of Milk as a Nutriment.

The Department of Health of the City of New York points to the intimate relation between a community's food and nutrition on the one hand, and the health of the people on the other (*Weekly Bulletin*, Oct. 27, 1917). To correct popular misconceptions regarding some of the common protein foods, the Bulletin explains that milk, cereals and vegetables like beans and peas constitute important sources of protein, and emphasizes the great value of milk as a diet for children, milk providing more energy producing substances (fuel food) than do either meat or eggs at the same price. Thus:

Bottled Milk at 14 cents a quart—One cent buys 46 calories (fuel food), including 1/15 ounce of protein (building food).

Porterhouse Steak at 35 cents a pound—One cent buys 30 calories, including 1/15 ounce of protein.

Eggs at 60 cents a dozen—One cent buys 16 calories, including 1/30 ounce of protein. This shows that, at the above prices, one quart of milk supplies as much food as 10 ounces of porterhouse steak or 8 eggs.

Warmth.

The *Medical Press* of Nov. 15th, 1917, informs us that two pairs of socks, made say, of cotton, worn one over the other, will give nearly as much warmth as one pair of thick woolen socks, but that this double thin sock is much more fatiguing than the woolen sock to people who walk much. No substance is warm per se, the writer adds, the warmth comes from the body, and if air, which is a bad conductor, can be imprisoned in the underwear, the underwear is "warm." It is the absence of air spaces in ordinary cotton and linen which renders it "cold." But cotton and linen are much more absorbent than wool.

Breadless Diet.

The exclusion of bread from the diet is recommended in almost all cases of eczema of the scalp occurring about the

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fiftieth year of life; in intertrigo and oozing eczema of the inguinal, abdominal, axillary and submammary folds; in all skin affections accompanied by gastric hyperacidity such as temporary or continuous forms of congestion of the face, especially the nose and cheeks, and the acne occurring at about the fiftieth year of life. Many digestive disturbances which may react on the skin are caused by the starchy portions of insufficiently baked bread.—R. SABOURAUD: *Presse Médicale.*

Dipsomania.

Dipsomania is a symptom complex that is caused by periodically recurring dysphoria. All troubles and disturbances on a basis of degeneration may induce it, so that hysteria, neurasthenia, epilepsy, and all degenerative and psychopathic conditions may bring on dipsomania. Many cases of dipsomania belong to the group of mild manic-depressive psychoses. *The depression is the immediate cause.* The dipsomaniac does not drink because he enjoys drinking but because he wants to overcome his blues and hence he may use alcohol, cocaine or narcotics. He has no special craving for alcohol, but only for something to drive away the blues.—BOLTEN: *N. Y. M. J.*

Fingers in the Mouth.

There are ten ways of spreading diseases and that is by the ten fingers. Keep the mouth and teeth clean and the hand away from the mouth. Vaccinate for whooping-cough. The rash and scales in scarlet fever have nothing to do with infection; the throat is where the contagion lies. In diphtheria, the antitoxin has no effect on germs or membrane, but prevents the deadly effect on the heart. Fingers in the mouth are responsible for much of typhoid fever.—DR. GOLER: *New Haven Monthly Bull.*

Constipation.

The habitual use of laxatives is the most certain method of producing the most intractable forms of constipation. Normal bowel movements may be secured by the use of coarse or cellulose containing foods. Bran, or agar-agar afford the best means of increasing the bulk of the "bolus." The amount must be large in some cases. No harm can result from a very large dose. It must be taken at every meal. A single neglect will stop the newly established rhythm and may cause days of inconvenience. A big tablespoonful of sterilized bran at each meal is usually sufficient. Lubrication is also needed to facilitate bowel movements. When the bowel itself does not furnish the necessary lubricating mucus, paraffin oil should be used. This condition is very likely to exist where the appendix has been removed because the appendix secretes mucus and is an important part of the lubricating system of the colon.—*Good Health.*

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The Onion.

The scientific world is coming to recognize in the onion a thing of great food value; in it are found some of the most valuable and tonic mineral salts in the vegetable kingdom. Onions are supplied raw to the troops in France. People always ate onions to break up a cold. Cooked onions are sedative and laxative. Onions are known as a cure for insomnia and are useful in rheumatism. Nothing will relieve acute bronchitis and dyspnea so quickly as the old-fashioned onion poultice. Onions are easily digested, nourish, stimulate the appetite, soothe the nerves and act as a mild diuretic. They contain sulphur and other elements which act as intestinal antiseptics.

Corn-Meal.

Corn-meal has more nutritive value than has white flour, owing to the fact that the gluten cannot readily be separated from the rest of the meal in the grinding. However, its proportion of gluten to the whole grain is slightly lower than that of wheat.

Water and the Sick Child.

Whenever it is necessary to restrict the amount of water taken by a sick child it is better to serve it in a small glass and permit him to drain it, rather than offer a large glass filled with water from which he is allowed only a few swallows. The small glass adds to the child's contentment while the larger glass and its contents serve as a "teaser."—*Nursing Times.*

The Cook and the Physician.

My experience is that a good cook and housewife is almost as essential to the treatment of a case of typhoid fever as the physician.—CHARLES WILLIAMSON.

Oatmeal Gruel in Infant Feeding.

Oatmeal gruel added to milk or eiweiss milk increases the appetite of the infant. The 5% gruel, if given in sufficient quantity, i. e., on an average of 150 to 200 c. c. a day, either as a diluent for milk, or by itself, will in a great many cases relieve constipation. Oatmeal gruel can be prepared very simply by washing grits in cold water and boiling for 30 minutes and then straining. Gruel can be given at any age with beneficial results.—DR. A. LEVINSON; *Arch. of Ped.*

The Milk of the Coco Nut.

R. Wallace (*Am. Med.*) recommends the milk of the coco nut as a food, and writes that when salted it is delicious. He found the milk rich in oxalic, phosphoric and sulphuric acids, sugar, albumin and traces of iron.

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Harmfulness of Saccharin.

The contention of the N. Y. Dept. of Health that saccharin is an unsuitable ingredient of food products, has been confirmed by the findings of a special committee appointed to investigate the matter in France. The conclusions of this committee (*Bull. d. l'Acad. d. Med., Paris,* May 1, 1917) were that saccharin by its antidiastatic action was liable to interfere with digestion, and that when such an interference, even tho slight, was continuous or frequently recurrent, various lesions were threatened. The committee disapproved absolutely of the addition of saccharin to food. The French Academy adopted the Committee's report without modification.—*Weekly Bull. of the N. Y. Dept. of Health.*

The Fly: The Greatest Enemy of the Human Race.

....The activities of the fly, its love for filth and the human family and its food, make it preeminently the great distributor of disease. A fly will visit hundreds of filthy places, and possibly only one of them will contain disease germs, but, when germs are present, his sticky legs and omnivorous appetite will take them up and carry them to our food. Flies breed and feed in every filthy place they can find, taking all kinds of germs and carrying them to the unprotected baby's nose or mouth and to the food of the entire family....—CHANDLER: *New Orleans M. & S. J.*

A Flavory and Nourishing Dish: Walnut Roast.

Two eggs, 1½ cups milk, 1 cup ground walnuts, ½ cup cream, 1 teaspoon salt, 1½ cups bread crumbs—made from bread toasted and ground fine—2 teaspoons grated onion. Beat the eggs until light, add the milk and cream and the bread crumbs. Let stand twenty minutes. Add the other ingredients, turn into a buttered tin and bake in a moderate oven about thirty minutes. Serve with any preferred sauce.

—*Good Health.*

Sugar.

Sugar is a most excellent food when energy is to be liberated rapidly and with the least tax on the digestive system. During the present war cavalry horses recover health and energy when their coarse grass or hay is sprinkled with sugar in some form.—If, when the craving of drink comes on in one who is accustomed to alcoholic beverages, he were to partake of sugar instead, his craving would be satisfied.—DR. A. T. CUZNER: *Clin. Med.*

Tea and Coffee.

Italian biologists find that tea and coffee, increase the power of resistance to cold without raising the normal temperature of the body.—*Bull. of Pharmacy.*

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Eugenics and Sexology

Beauty is a Matter of Taste.

In Central Africa the women perforate the lower lip and wear a crystal, which, from the movement of the tongue has "a wriggling motion, indescribably ludicrous during conversation." The wife of the chief of Latooka told Sir S. Baker that Lady Baker "would be much improved if she would extract her four front teeth from the lower jaws, and wear the long-pointed, polished crystal in her under lip." Further South with the Makalolo, the upper lip is perforated, a large metal and bamboo ring, called a pelelé, is worn in the hole.... "Why do the women wear these things?" the venerable chief Chinsurdi was asked. Evidently surprised at such a stupid question, he replied, "For beauty! They are the only beautiful things women have; men have beards, women have none. What kind of person would she be without the pelelé? She would not be a woman at all with a mouth like a man, but no beard." When missionaries in New Zealand tried to persuade some girls to give up the practice of tattooing, they answered, "We must just have a few lines on our lips; else when we grow old we shall be so very ugly."—Darwin thinks it extremely improbable that these practices, followed by so many distinct nations, should be due to tradition from any common source; he believes that they indicate the close similarity of the mind of man, to whatever race he may belong, just as do the almost universal habits of dancing, masquerading, and making rude pictures.

The Crab-Toe Tribe.

In the Western part of New York State there is a family many of whose members show the deformity of crab-toe or webbed foot. This deformity seems to be transmitted only to males, and the female, while she does not have the deformity, transmits it to her male offspring. The history of this family goes back to an English woman, who came to this country in 1807, and to whom 250 offspring can be traced. There is a similar family in Virginia whose members include many prostitutes, criminals and alcoholics. It is believed that both families came from the same stock originally.—Dr. Charles Bernstein: *N. Y. State J. of M.*, Nov. 1917.

The Metis of Brazil.

The metis, or half-breeds, played the chief part during many years in Brazil in the campaign for the abolition of slavery. There are celebrated names of more than one of these metis who put themselves at the head of the literary movement. They fought with firmness and intrepidity in the press and on the plat-

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form. They faced with courage the gravest perils to which they were exposed in their struggle against the powerful slaveowners, who had the protection of a powerful government. They gave evidence of sentiments of patriotism, self-denial, and appreciation during the long campaign in Paraguay.... It was owing to their support that the Republic was erected on the ruins of the empire. From all this it becomes clear that, contrary to the opinion of many writers, the crossing of the black with the white does not generally produce offspring of an inferior intellectual quality.—DR. JEAN BAPTISTE DE LACERDA.

Deformity and Longevity.

A woman, called Nicoline Marc, died in 1760, at the age of 110. Since she was two years old, her left arm was crippled. Her hand was bent under the arm like a hook. She was a hunchback, and so bent that she appeared to be no more than four feet high. A Scotch woman, Elspeth Wilson, died at the age of 115 years. She was quite a dwarf, being only a little over two feet high.—METCHNIKOFF: *"The Prolongation of Life."*

How Will the Problem be Solved?

In Germany the excess of women over men has increased, since 1914, from 800,000 to 2,000,000, while in France, the government has already enacted laws for the legalizing of the thousands of illegitimate children born since the war, for the care of these children by the state and for the protection and honorable recognition of the mothers.

Civilization and Childbirth.

Amongst Europeans (and Americans) the effect of culture and civilization is apparent as the upper and more luxurious classes have more difficult labors than the working classes with a higher percentage of fetal and maternal mortality.—DR. W. E. FOTHERGILL: *"Manual of Midwifery."*

Marriage by Stratagem.

In Dutch Borneo they have a special kind of marriage called matep. If a girl desires a particular man he is inveigled into her house, the door is shut, the walls are hung with cloth of different colors and other ornaments, dinner is served up and he is informed of the girl's wish to marry him. If he declines he is obliged to pay the value of the hangings and the ornaments.—H. LING ROTH: *"Ethnological Studies."*

Of Course, Tell the Truth.

When I see a pure and healthy well-bred girl marry a syphilitic man; when I watch her agony as she consigns to the grave her diseased first-born; and when I see in the face of her only child the lines of the father's disease, what shall I do? Shall I

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tell her that one day, when studying to find out why our oldest and best families had died out, I secured a book of the medical histories and bill books of Dr. T. and there found the history of this child's father some thirty years before; and that is why he never went into business? Shall I tell her to take her daughter to the best specialist in syphilis, so that with two years careful treatment she will be well and cured; or shall I let her remain in ignorance and allow her remaining child to die?—STOKES.

Woman Suffrage and Prostitution.

According to Miss Helen Sumner, a suffragist investigator, (*Equal Suffrage,* Harper's, New York), the only appreciable effect of woman suffrage upon prostitution has been to give additional power to the political machine which controls the police department of large cities in the suffrage states.

An Argument for Woman Suffrage.

"Are you for woman suffrage?" someone asked an Irish policeman on guard at a Cooper Union meeting. "'Shure," was the answer, "I ain't got but one vote now, but I've a wife and four daughters; if this thing goes thru, I'll have six, and I can get anything I want in my district."

Instability of Human Types.

We have evidence which shows that the various human types undergo certain changes in a new environment. The observations on which this conclusion is based were made on emigrants from various European countries who live in the city of New York, and their descendants. The investigation of a large number of families has shown that every single measurement that has been studied has one value among individuals born in Europe, another one among individuals of the same families born in America. It is most remarkable that the change in head-form of American-born individuals occurs almost immediately after the arrival of their parents in America. A comparison of individuals born in Europe with those born in America shows that the change of head-form is almost abrupt at the time of immigration. The child born abroad, even if it is less than one year old at the time of the arrival, has the head-form of the European born. The child born in America, even if born only a few months after the arrival of the parents, has the head-form of the American-born. The stature of European-born individuals increases the more the younger they were at the time of their arrival in America, while the width of the faces decreases the more the younger they were at the time of their arrival in America, while the width of the faces decreases the more the younger

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the child that came to America.... The results obtained by a rough comparison of European-born and American-born have been corroborated by a direct comparison of European-born parents and their own American-born children, and also by a comparison of the European immigrants who came to America in one particular year, and of their descendants born in America. In all these cases the same types of differences were found. These observations seem to indicate a decided plasticity of human types and compel us to assume that also the mental make-up of a certain type of man may be considerably influenced by his social and geographical environment. The old idea of absolute stability of human types must evidently be given up, and with it the belief of the hereditary superiority of certain types over others.—DR. FRANZ BOAS.

A Ten Months' Pregnancy: A Physician's Divorce Case.

The London Letter to the *J. A. M. A.* (Dec. 29, 1917) relates the following case: A captain in the Army Medical Corps sought to divorce his wife on the grounds of adultery. The marriage had taken place June 17, 1915. Neither he nor his wife desired to have children till the war was over. Dec. 19, 1915, they cohabited for the last time before he left for Egypt, but, the petitioner alleged, under circumstances that prevented pregnancy. The wife went to her brother in the country at a house where three officers were staying. Then she went to stay with some friend and menstruated there. Jan. 19, 1916, she went to her father's house, and the suggestion was that between her stay at the last place and coming to her father she committed adultery with an unknown man. March 10, 1916, she underwent an operation for appendicitis, when it was found that she was pregnant. March 20, she wrote to her husband, informing him of the fact. He replied that her statement was absurd, that he was a physician and was convinced that nothing of this kind could ever have happened. Oct. 22, 1916, she gave birth to a child of normal period. Between her husband's leaving England and the birth of the child, 307 days elapsed. Two experts gave evidence for the husband, one of them declaring that the operation could not have tended to prolong gestation, and that the husband could not possibly be the father. For the respondent, Dr. Philips, obstetric physician to King's College Hospital, said that he had experience of three cases, one of 298 days, the second of 306 days, and the third of 308 days, in each of which the husband had left the country for these periods. It was not impossible to have a ten months' child. In her evidence the woman said that her menstrual period ended December 18, and that she had proper intercourse with her husband, December 19. The judge said that he believed the respondent, and that the case was one of protracted gestation. He therefore gave judgment in her favor.

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WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be gratefully to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth.
Than never to tell the truth for fear of making a mistake.

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Be Fair With Us.

It is simply *unfair,* not to use a stronger term, to force the publisher, under present conditions of high cost of paper, labor and increased postage, to send two or three or four bills before receiving his modest subscription price of one dollar a year. *Be fair,* and remit at once. You know whether your subscription has expired or not. And even if it has not, it does not matter. Remit 1, 2, 3, 5, or 10 dollars and extension for the proper number of years or for life will be given you on our books.—We dislike to speak of subscription matters on our editorial pages, but once or twice a year we are obliged to do it.

The Whole Truth All the Time.

There is a little magazine but little known, of which but a few issues have appeared so far, but this little magazine will before long be worth its weight in gold. Just mark our words. It is the only magazine that has dared to tell the whole truth all the time. And this is a rare thing.

Some magazines tell the whole truth a part of the time, some tell a part of the truth all the time, but no magazine, with the exception mentioned, has told the whole truth all the time.

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Never Rely on One String.

An editor should have more than one string to his harp. There are certain topics which, you will have noticed, I have not been discussing in these pages of late. Nevertheless, THE CRITIC AND GUIDE, they tell us, is as interesting as ever—only more so. An editor *must* be manysided. Else he becomes monotonous, and, in case of an accident — helpless.

The Cause of Vulvovaginitis in Little Girls.

None so blind as those who will not see. And none more slavish to traditions, to the dicta of authorities, than the rank and file of the medical profession. Vulvovaginitis in little girls, particularly in institutions, is a fairly common affection, and because a germ was usually found in the discharge which resembled the gonococcus, the disease was declared gonorrheal in origin, the treatment was based upon this alleged etiology, and the little children were subjected to painful, annoying, long-lasting and costly treatment.

We argued with the profession that the disease could not be the same as gonorrhea, it would cause entirely different sequelae, etc., etc., but all to no avail. A coccus was found which resembled the gonococcus in appearance and that settled it. I wrote an article on the subject and sent it in to one of our "great" (great in size) weeklies, but its orthodox editor, who thinks that to give space to a new idea is a crime, returned it with the remark that it was too iconoclastic and that he could not print the article unless I could present *scientific proof* that the gonococcus or germ found in vulvovaginitis was different from that of adult gonorrhea. But of course that did not make me change my position. I incorporated my views on this point in an article which was published in "The American Journal of Clinical Medicine", and I also incorporated the same view in my treatise on the Treatment of Gonorrhea. And here is exactly what I said:

"I maintain, as I have maintained for many years, that the gonococcus which is found in the vulvovaginitis of children is *not the same gonococcus* with which we have to deal in the ordinary gonorrhea of the male and the ordinary gonorrhea of the *adult* female. It may be that it is not the gonococcus at all, but a coccus which presents the morphological and cultural characteristics of the gonococcus, but, yet, its virulence is of an entirely different order; or, we will say, that it is the gonococcus, but of a different strain—which merely means begging the question.

"I base my conviction upon two facts, as follows:

"If the gonococcus in vulvovaginitis of little girls were of the ordinary variety with which we are in the habit of dealing, the disease would be of a much more severe character than it actually is, particularly so, if we take into consideration the delicate mucous membrane of the vulva and vagina of little girls. As will

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be seen, in the discussion of the symptomatology, vulvovaginitis in children very frequently is an extremely mild affection. If the virulent gonococcus were the cause, much more damage, much more pain, and much more inflammation would be the result.

"Secondly, when a gonorrhea in a little girl is a result of intercourse, of rape, then the infection is of much more severe character. Of course, the rejoinder may be made that here there is an additional element, namely, the trauma. However, there are many cases in which no trauma has been inflicted, in which no penetration has taken place, where there has been merely contact of the penis with the vulva, and, still, the inflammation is of a much more severe character than otherwise."

Whether my article convinced many of our orthodox venereal specialists or not I do not know. I know it convinced some and they changed their former severe treatment to milder measures, with much better results. The truth, however, is bound to come to the surface, (tho it comes sometimes too damnably late), and the profession is coming around to my point of view on this subject, as on many other subjects.

In an excellent article on the subject by Dr. I. C. Rubin, from the Special Clinic for Vaginitis in Children, Mt. Sinai Hospital Dispensary, in the *Boston Medical and Surgical Journal*, January 31, 1918, the author adopts my position in toto. From a study of 255 selected cases he has come to the conclusion that only *a very small* number were gonorrheal. And he says that if the majority of children having vaginal discharge are infected with gonococcus, *it must in all probability be a different micro-organism from that described by Neisser as occurring in adults.* Whether it is the same organism, however, can be established only by proper bacteriological and serological tests. The infectious vaginal catarrh which spreads thru hospital wards may have some other bacterial etiology than the gonococcus. And the author says plainly that *"the smear examination, even by the Gram stain, of secretion or discharge from the vagina is unreliable and misleading and hence valueless as a method of diagnosis."* The author also emphasizes the fact that "in the vast majority of cases the complications and sequelae of gonorrhea were entirely lacking. The absence of gonorrheal ophthalmia, of urethritis, of joint symptoms and of *peritoneal symptoms,* in spite of the apparent chronicity of the discharge, certainly makes one reflect that this condition in children is at least different from the gonorrhea of adults. It certainly does not have the virulence nor the tendency to cause metastatic foci as it does in the adult."

Perhaps after a dozen more articles of similar character have been published, the profession will have become convinced that vulvovaginitis is but very, very rarely of gonorrheal character, will change its method of treatment, and what is also more important will cease to accuse the innocent little girls of immoral practices or innocent relatives and boarders of brutal sexual attempts.

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The Medical Press.

I am not divulging any deep secret when I say that my respect for our medical press has never been very high. This little respect has turned into the deepest contempt during the past few months. Such lack of independence, such moronic inability to think, such lickspittle attitude, such bat blindness towards the great palpitating questions which concern the very life of the race, such—but what is the use?

The Yellow Press.

The howling dervishes of journalism propagate crazes and fads by distorting the significance of the moment. The valuable new is, in fact, but a slender fringe along the vast expanse of the valuable old. It is a hundred to one that the old classic is worth more than "the book of the month." Old wit, condensed into homely maxims about cleanliness, avoiding draughts, keeping the feet warm and the head cool, save a thousand lives where the new wrinkles in medicine or surgery—which make a newspaper "copy"—save a dozen. Now, this static side of life is ignored by the yellow press. By exaggerating the news it presents things in a false perspective. It can capture the public's pennies by exploiting the unique, the startling, even the imaginary. Therefore, to keep readers on the tiptoe of expectation, it promises something extraordinary which is always just on the eve of happening,—but doesn't happen.... So the jaded nerves are kept on the perpetual thrill, and, looking always for something wonderful to turn up, the deluded reader goes on and on like a donkey reaching for the sheaf of oats tied to the end of his wagon pole. Moreover, the constant flitting from topic to topic brings upon the confirmed newspaper reader what we may call paragraphesis, i.e., inability to hold the mind on a subject for any length of time. Reading so inimical to poise, self-control, and mental concentration as the sensational newspaper should be cut down to a minimum.—EDWARD A. ROSS.

Latter-Day Hysteria Due to Fatigue.

The enormous increase of hysteria in our days is partly due... to the fatigue of the present generation... Fatigue constitutes a true temporary experimental hysteria... One can change a normal into a hysterical individual by tiring him... Now, to this cause—fatigue—which, according to Féré, changes healthy men into hysterical, the whole civilized humanity has been exposed for half a century. All its conditions of life have, in this period of time, experienced a revolution unexampled in the history of the world. Humanity can point to no century in which the inventions which penetrate so deeply, so tyrannically, into the life of every individual are crowded so thick as in ours. The discovery of America, the Reformation, stirred men's minds

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powerfully, no doubt, and certainly also destroyed the equilibrium of thousands of brains which lacked staying power. But they did not change the material life of man. He got up and lay down, ate and drank, dressed and amused himself, passed his days and years as he had always been wont to do. In our times, on the contrary, steam and electricity have turned the customs of every member of the civilized nations upside down, even of the most obtuse and narrow-minded citizen who is completely inaccessible to the impelling thoughts of the times.—MAX NORDAU.

Poverty and Delinquency.

In our zeal to demonstrate some obscure scientific fact at the base of delinquency we swallow the camel while straining at the gnat. We institute with naive enthusiasm intricate laboratory research or, impatient at the roundabout methods of science, we put into immediate practice in our penal institutions some high ethical formula. We journey about the earth to confer on the historical, the psychological, the philosophical, the eugenic aspects of crime. We, in short, talk all around the edges of the subject meanwhile closing our eyes except for an evasive squint to the one clearly evident fact that at the base of practically all cases sentenced to reform institutions is the one common fact of *poverty*. Not necessarily the classic poverty of the empty cupboard and the threadbare garment but poverty in its widest sense. That kind of poverty which conditions from birth inadequate nutrition, dirty and unattractive living quarters, meagre education, too early wage earning, absolute lack of esthetic training and of intelligent home companionship and guidance. In short, that kind of poverty which prohibits the operation of cultural influences of any sort. It seems like futile dilettantism to treat any other phase of the problem before striking at the root.—From ALBERTA S. B. GUIBORD: *Physical States of Criminal Women.*"

Dear Dr. Robinson:-

Enclosed find check for $2.00 to carry my subscription to 1920. Would become a life subscriber, but at 77 it is a little risky; but I want THE CRITIC AND GUIDE while I do live.

Very truly yours,

Cedar Rapids, Ia. W. H. FRENCH, M.D.

[Another one of our young old men.]

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Original Articles

Contributed to THE CRITIC AND GUIDE.

DISEASES OF THE RESPIRATORY SYSTEM.

BY PROF. GEORGE F. BUTLER, A.M., M.D.

Acute Rhinitis.

The advisability of properly treating acute rhinitis, or, to use its very common name, "Cold in the Head", can hardly be overestimated. This seemingly simple trouble is often the beginning of very serious conditions complicating lungs and kidneys. Even mild attacks of acute rhinitis should be properly cared for and should receive as careful and accurate treatment as if the patient were suffering from some eruptive fever.

Acute rhinitis is the result of an infection by miscroscopic organisms: colds therefore are very infectious. If a cold is allowed to continue, the deeper structures become involved and there is established a "chronic catarrh" which is very difficult to cure. The treatment of acute rhinitis, therefore, should be commenced the moment the cold begins to show itself.

Elimination by all channels and local antiseptic treatment are the chief indications. The old and irrational practice of giving quinine, Dover's powder, coryza tablets, atropine, aspirin, and the like, should be abandoned. Inasmuch as constipation is often an accompaniment of acute rhinitis, it is well at once to open the bowels with calomel followed by a saline laxative.

The patient should be put to bed and free diaphoresis established by means of hot bricks wrapped in flannel and placed about the patient. Diaphoresis may be promoted and hastened if previous to going to bed a hot foot-bath is prescribed together with a glassful of hot lemonade.

The local treatment is by nasal tamponades with a ten per cent solution of argyrol or some other colloidal silver. I much prefer argyrol in ten per cent. solution which is the best strength to use. This treatment was first recommended by Dr. J. I. Dowling of Albany, N. Y., if I am not mistaken, and is by far the most satisfactory treatment for cold in the head with which I am familiar. It is just as necessary to treat acute rhinitis locally by means of antiseptics as it is boils, carbuncles, or acute urethritis; the mucous membrane of the nose must be treated directly by the application of antiseptics, and the best of all ways is by nasal tamponade as here described.

Some skill is required in placing the tampons properly, but this can be easily acquired. An understanding of the two direc-

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tions, namely, the sphenoid direction, and the infundibulum direction, is essential to the proper placing of the tampon. The first is the primary direction employed and the second is the final step in the operation. I quote from Dowling:

"The tampons are made from sterilized long fiber cotton wound about a long, thin wirelike applicator. This particular style of applicator and kind of cotton are essential in order that a long tampon may be properly placed by the gentle withdrawing of the applicator.

"To make the tampon, the necessary quantity of cotton should be flattened and stretched to the required thickness and length, then the probe should be taken in the right hand and the cotton held on the flat of the left hand. The applicator is then placed upon the middle of the cotton, which is then folded toward the body and over the wire and held in place with the thumb. The probe is then turned from left to right, or away from the body. The next procedure is to introduce the cotton tampon into the naris, gaving it the sphenoid direction, pushing it as far back as possible between the middle turbinated body and septum. After the tampon is properly placed, the wire is slowly withdrawn by giving it a twist from right to left, and at the same time giving a slight upward shove to the tampon in order to engage and hold it as high in the nose as possible. When the applicator has been sufficiently withdrawn, the handle is depressed until the wire is almost in contact with the upper lip and the tip pointing toward the infundibulum, then a final push is given in order to engage the tampon as nearly as possible in the vicinity of the infundibulum, after which the wire is finally withdrawn, leaving the tampon in its proper position. Before introducing the tampon the nose should always be inspected in order to determine the width of the nares and the presence of any irregularities, for the tampon should be of such size as to reach from the anterior nares to the choanae posteriorly and of such thickness as will permit a snug fit without undue discomfort.

The tampons should always be placed in both nostrils, for while one side may be more involved than the other, it is seldom that one side alone is affected, altho symptoms may only be referred to a single side.

"It is necessary to leave the tampon in place from ten minutes to an hour. The use of cocaine before placing the tampons is seldom required and should be avoided if possible, as best results are obtained without its preliminary use.

"The technique to be followed after withdrawing the tampon is thoroly flushing the nares and cleansing them of all secretions. The method may be either by post-nasal or intra-nasal douching by means of the ordinary post-nasal curved tip or Teet's anterior nasal tip. In lieu of that a douche obtained by means of compressed air is satisfactory.

"After thoroly cleansing the nasal chambers a bland oil may

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be employed, altho in some cases the use of oil seems to prove too drying and militates against the usefulness of the tamponade treatment."

A single treatment is often sufficient for the cure of acute head colds, while for the more chronic conditions of the sinuses the treatment may be necessary over a period of months. The frequency of the treatments is governed entirely by the length of time the induced effects persist, and daily treatments may be necessary and again treatments should be but once a week or even less often.

I can assure you that if you will follow the methods I recommend in the treatment of acute rhinitis, you will have better success in the treatment of these cases than you have ever had by the old method of treatment.

Many persons are subject to what might readily be called a Cold Diathesis. Every little change in the weather, every slight exposure to a draught, or a slight change in bodily condition subjects them to an attack of acute rhinitis. Oftentimes this condition is an accompanying phase of a general rheumatic diathesis, and when this is determined the patient should receive proper remedial measures along this line. Proper hygienic routine is usually all that is necessary to correct the tendency to catch cold. The patient should be instructed to take a cold sponge bath each morning just after rising. I particularly advise the cold sponge bath rather than the cold plunge because there is much shock to the latter and patients as a rule will not subject themselves to its inconvenience. Moreover the exercise which the patient must go thru in giving himself the cold bath is very beneficial. With a good sized wash cloth wrung out frequently in cold water, the colder the better, the patient should sponge over the neck and chest after which he proceeds to the lower part of his body, completing the whole process in a comparatively short time. He should then dry himself by rubbing himself vigorously with a coarse Turkish towel thus stimulating the capillary circulation until the whole surface of his body is in a healthy glow. The patient unused to such vigorous treatment may feel some exhaustion at first but repeated indulgence will obviate this difficulty.

Some attention must be paid to the kind of underwear worn by these patients during the cold weather. Medium weight flannel undergarments just heavy enough to keep the body warm without perspiration in a room at normal temperature. When the patient goes from the room out into the cold, sufficiently heavy outer garments should be worn to keep the body warm, and these should be laid aside immediately when the person reenters a heated room. If too heavy underwear is used the patient is usually in a state of continued profuse perspiration while inside, and on subjecting himself to the quick change in temperature in going into the cold atmosphere outside he is almost sure to cool off too quickly and catch cold.

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Proper exercise should be indulged in consistent with weather and conditions and the time at the disposal of the patient. Golf and tennis are excellent as out-door sports. Boxing, fencing, medicine ball, hand ball, etc., are adapted to those who have gymnasium facilities. Much good can be accomplished from a few moments exercise with dumb-bells or Indian clubs night and morning in the patient's own room. The patient should be impressed with the special value of keeping his circulation in vigorous condition.

Acute Pharyngitis.

The medical treatment of acute pharyngitis, to be most effective, should be both general and local. Under general treatment thoro cleansing of the alimentary tract is the first necessity. This is best accomplished by the administration of calomel and soda tablet triturates of one-eighth grain each, two tablets being administered every half hour after the evening meal until eight have been taken. This should be followed in the morning by a copious dose of some laxative salt such as Rochelle Salt, or an effervescent saline laxative. In case the history of the patient shows a rheumatic, or a gouty diathesis, I administer either one of the following:

℞ Phenacetin.. .....1.5..... gr. xxiv
Aspirin .....4..... 3i
M. et ft. in chart No. xij.
Sig.—One every two hours.

℞ Ext. Colchici
Tabs. 3 cgm, (½ gr.) each. No. xx.
Sig.—One tablet three times a day.

Sometimes I use English Wine of Colchicum in appropriate doses.

Restlessness and sleeplessness at night are best controlled by the administration of Dover's Powder, .7 gms (10 grains), or aspirin and codeine, gr. ¼.

In addition to these I wish to emphasize the value of giving a tablet made as follows:

Tinct. Aconite .....1 cgm. (1/6 m.)
Tinct. Byronia .....0.5 cgm. (1/12 m.)
Tinct. Belladonna .....0.5 cgm. (1/12 m.)
Mercuric Iodide, red ....0.1 cgm. (1/64 gr.)
Menthol.. ..... q. s.

One tablet dissolved on the back part of the tongue every one to two hours. This controls the febrile and rapid pulse conditions and, if given early enough in the course of the disease, may abort the attack.

The local treatment of acute pharyngitis must be definite and precise and is best administered by the physician himself. The inflamed surface must be sprayed frequently with a mild alkaline

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spray, the writer having achieved his best results with the well-known Seiler or similar formula. This softens the thick viscid mucus secretion covering the inflamed surface and renders it easy of expectoration. Immediately after this cleansing spray a ten per cent solution of argyrol should be applied. After the application of argyrol solution a finely atomized spray of the following solution of oils is often of very great benefit:

Camphor 2. (3ss.)
Menthol 2. (3ss.)
Olei Eucalypti .....7 (m. x.)
Olei Cassiæ .....5 (m. vjjj.)
Olei Gaultheriæ .....7 (m. x.)
Olei Menth. Pip. ..... 1.3 (m. xx)
Olei Pin. Alb. 2 (3ss.)
Albolene, q. s. ad .....60. (℥jj)

This should be sprayed into the pharynx every two or three hours and may be given the patient for home use.

In addition to the above measures, massage, given gently over the muscles at the sides of the neck and in the region of the omo-hyoid bone, has an excellent psychic effect on the patient. Applications of cold in the form of cold cloth compresses are gratefully borne and tend to diminish the pain and congestion of the pharyngeal tissues.

Chronic Hypertrophic Pharyngitis. — The treatment of chronic hypertrophic pharyngitis comprises both general and local remedial measures. Systemic diatheses should be inquired into by the physician and, if found, corrected as far as possible. Particularly should the patient be examined for a uric acid or rheumatic diathesis. I have found the following to be a splendid corrective for this condition.

℞ Potass. Bicarb. 10. (3iiss.)
Tinct. Capsici 2. (3ss.)
Tinct. Gentianæ 20. (3v.)
Tinct. Hydrastis 20. (3v.)
Aquæ Destill. q. s. ad. .....180. (℥vi.)

M. Sig.: Teaspoonful in a glass of hot water three hours after meals.

Abnormal stomach and bowel conditions should be appropriately taken care of. Especially should constipation and congestive disease of the liver receive remedial attention as they are often the cause of chronic hypertrophic pharyngitis.

Locally the treatment requires the frequent use of a cleansing spray such as Dobell's or Seiler's solution. In preference I prescribe Seiler's solution to be used by the patient two or three times daily for the purpose of keeping the pharynx free from the heavy viscid mucous secretion. In addition to this the diseased surfaces should be painted with the following solution, using for the purpose a cotton-wrapped probe.

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℞ Iodi (cryst.) ..... .7 (gr. x)
Acidi Carbolici ..... .3 (gr. v)
Glyceriti acidi Tannici ..... 15. (℥ss)
Glycerini ..... 15. (℥ss)

M. Sig.: Apply with cotton wrapped probe to the throat once daily as directed.

Once a week the physician should make an application to the diseased parts of a 20% solution of some organic silver product as argyrol.

Chronic granular pharyngitis (Clergyman's sore throat.)—The constitutional treatment of chronic granular pharyngitis involves the detection and correction of any diatheses that may be present. Inasmuch as this disease is peculiar to persons leading sedentary lives, prone to overindulge in food and drink and to underindulge in physical exercise, corrective measures in this phase of the disease should be recommended and required. Care should be taken that the patient uses the voice rightly. If faulty habits of using the voice are found by the physician, a course of instruction with a competent vocalist or voice trainer should be recommended to the patient. The judicious use of alterative tonics is also advisable.

Locally the treatment of chronic granular pharyngitis involves both medical and surgical procedure.

The medical treatment consists in the frequent and copious use of an alkaline spray such as Seiler's solution. This cleanses the diseased parts and frees them from the mucous secretion. Astringents are very useful and should be applied to the diseased parts three or four times weekly, the patient being able to do this at home. The glycerite of tannin is excellent. Iron is one of the best local remedies in this condition and I make frequent use of the following:

℞ Potassii Chloratis ..... 1.3 (gr.xx)
Monsel's Sol ..... 15.
Glycerini ..... 15. (āā ℥ss.)

M. Sig.: Apply to mucous membrane of pharynx once every two days.

Chronic Atrophic Pharyngitis.—(Pharyngitis Sicca.)—The attention of the physician should be given toward finding a constitutional cause for this trouble. Diabetes and Cirrhotic Kidney are often contributing factors to the disease. If such constitutional cause be found, appropriate remedial measures should of course be instituted.

Locally the physician must direct his efforts toward stimulating the atonic and atrophied cells to active function. The thick mucous secretion must be softened and removed by frequent spraying with Seiler's Solution. An alterative stimulant application, such as 15 to 20 per cent. argyrol should be made to the pharyngeal walls night and morning. This the patient can be instructed to do. Twice a week the physician should see the

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patient at his office at which times the above treatment may be given much more thoroly than the patient can give it to himself. In addition a stimulating oil spray such as the following should be used:

℞ Menthol .....2. (gr. xxx)
Camphor .....2. (gr. xxx)
Eucalyptol .....4. (℥j)
Benzoinol q. s. ad. .....60. (℥ij)

The sensation of dryness in the throat may be relieved by prescribing Potassium Chlorate pastilles to be dissolved on the tongue two or three times daily. Sometimes pilocarpine pills .5 cgm. (1/12 grain) each, taken three times a day will stimulate the secretion of the mucous membrane to increased activity, a condition to be desired in view of the atrophied condition of the mucous membrane cells.

Should the atrophic processes be present in the nose and naso-pharynx, as their coexistence with this trouble is quite common, they should receive appropriate treatment.

Acute Tonsillitis.

The patient should be kept at rest in his room, the temperature of which should be about 78° F. Inasmuch as few diseases are more completely depressing than acute tonsillitis; constitutional measures must be adopted to relieve the patient's extreme depression. The diet must of necessity be confined to soft foods easy of deglutition and even the act of swallowing these causes so much pain that it is difficult to get the patient to take any nourishment at all.

Two and a half grains of calomel should be given at night in one half grain tablets, one tablet every half hour, followed in the morning by a saline laxative. It is of great benefit to keep up the administration of alkaline salts, a half teaspoonful of Rochelle salt being given every three hours or frequently enough to render and keep the urine alkaline. Restlessness at night should be controlled by some mild hypnotic. The extreme pain of this affection may be alleviated by the administration of the following:

℞ Caffeine .....1.5 (gr. xxiv)
Pyramidon .....4. (℥j)
Phenacetin .....4. (℥j)
Sodii Bicarb. .....8. (℥ij)
Sodii Brom. .....8. (℥ij)

M. Fnt. pulv. No. xij.

Sig.: One powder every three hours for three consecutive doses.

Locally the application of a cold pack to the throat externally is of great benefit. If a cold coil is available this is the best means of applying the cold and the relief from the swelling, distressing pain, and congestion following its continuous applica-

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tion is very great. The tonsillar surfaces and the pharynx should be sprayed at frequent intervals with Seiler's or Dobell's solution to free them from the mucous secretion. It is best to avoid gargles as their use is painful and they are of no avail therapeutically. The application of a 20 per cent solution of argyrol is most useful as an astringent and antiseptic. It can be applied with a cotton carrier or sprayed over the tonsillar surface every three or four hours following the Seiler solution spray.

Inasmuch as one attack of acute tonsillitis seems to predispose the patient to other attacks, it is best for the physician to advise, and insist upon if possible, the removal of the tonsils. This should be done by a skillful throat specialist. It is not just necessary to cut off the tonsil, but also to dissect it out. There are several methods advised, but any skillful specialist will doubtless perform the operation satisfactorily.

Peritonsillar Abscess. (Quinsy Sore Throat.) — This very painful and depressing affection should receive radical operative treatment as soon as possible after inception. This treatment consists in the opening up of the abscess and the thoro evacuation of the pus secretions.

Acute Bronchitis.

ABORTIVE TREATMENT.—If at the first signs of bronchial catarrh, treatment is begun, an attack of acute bronchitis may often be aborted within the first twenty-four hours. The patient should be given a full dose of saline laxative, and if this does not move the bowels freely it should be repeated in two or three hours. He should take a general hot bath of 100° to 105° F., then go to bed, drink a glass of hot lemonade and be covered with woolen blankets for the purpose of inducing diaphoresis. The air should be kept moist by the continual evaporating of water in it, the room must be equally heated, and internally I have had best results from small doses of tincture of aconite, ¼ to ½ minim in a tablespoonful or more of water, every fifteen to thirty minutes, discontinuing the medicine before there is any sensation of dryness or constriction of the throat. Aconite properly administered has a tendency to relieve internal congestion and aids the promotion of diaphoresis. The patient, in addition to this, should take a teaspoonful of sodium bicarbonate in half a glass of water, every three or four hours, to overcome the acidemia and make the blood more alkaline. By way of the bowels, skin and kidneys free elimination should be brought about.

These measures will in the majority of instances abort the attack, tho they will leave the patient relaxed and in favorable condition for the contraction of a new cold. Therefore if it becomes necessary for the patient to leave the house while his body is in this condition of general relaxation a vigorous alcohol rub should be given, but it is rarely necessary to give any internal medication, altho some tonic like Iron, Quinine, and Strychnine is not contraindicated, and might be beneficial.

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If these measures fail to ward off the attack, or if the patient is not seen by the physician until too late to abort it, much may be done to hasten it thru its various stages and make the patient more comfortable. Thus we can relieve the dry, inflamed mucosa by inducing an outpouring of secretion from the bronchi, hastening the development of the second stage.

For the promotion of mucous secretion reliance is placed upon certain internal remedies, inhalations and external applications. We have four excellent remedies for internal use; namely apomorphine, lobeline, emetine, and alkalies.

Apomorphine, the most powerful as well as the most speedy in action, is adapted to severe attacks in persons of robust health, the dose being 1 mgm (1-64 grain) every fifteen or twenty minutes until a faint nausea is produced, then less frequently. Lobelin is a powerful stimulant to secretion, suited to dyspneal and croupy forms, to be given in dosage of 1 mgm. (1-64 grain) to effect. Emetine is best for children and weakly patients to whom the more depressing remedies might be dangerous in certain cases, the doses and administration to be the same as for the other remedies just mentioned. Whatever the drug used it should be continued until the mucous secretion becomes loose, thin and yellow.

Along with one of the remedies named should be given either citrate, acetate, or bicarbonate of potassium or of sodium, in doses of gm. .6 to 2 (10 to 30 grains) in milk, or plain water, or mineral water, every four or five hours.

Very beneficial are inhalations of a 2 or 3 percent solution of sodium bicarbonate, or of physiologic salt solution, thru a steam inhaler. When an inhaler is not to be had the patient may hold his head, covered with a cloth, over a dish of boiling water to which has been added balsam of tolu, or of Peru, or tincture of benzoin (4 gms. to 500 cc: 1 dram to a pint).

For children the bronchitis-tent is a convenience. It can be constructed by hanging over the bed-sheets supported by a rack, or a screen, and boiling under the sheet, by means of an alcohol lamp, a pan of water. This saturates with moisture the air breathed by the patient. If deemed advisable, some aromatic, such as tincture of benzoin, eucalyptol, balsam of Peru, etc., may be added to the water. In this stage, mild counterirritation to the chest is of value, either by means of a mustard plaster, iodine and camphorated oil, ammonia liniment, dry-cupping or the cold compress, each having its advocates and all of them being valuable. Tho cold compresses are highly regarded I do not employ them upon patients who have plethoric uremia and easily take cold.

The early cough of acute bronchitis may be greatly relieved by one or the other of the following cough combinations;

Morphine sulphate .... .5 mgm. (gr. 1-128)
Tartar Emetic ..... .5 mgm. (gr. 1-128)

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Emetin ..... .125 mgm. (gr. 1-500)
Pilocarpine nitrate .... .25 mgm. (gr. 1-250)

One or two such doses may be given every half to one hour until effect.

Codeine sulphate .... 1 mgm. (gr. 1-64)
Emetin ..... 1 mgm. (gr. 1-64)
Aconitine, amorphous .125 mgm. (gr. 1-500)
Hyoscyamine, amorph. .06 mgm. (gr. 1-1000)

Of these one dose may be given every half to two hours, dissolved in fifteen to thirty cc. of water (one-half to one ounce), and pushed to effect. If there is dryness of the mouth or throat, the remedy should be suspended. A full dose of strychnine at bedtime often will prevent attacks of dyspnea during the night.

With the continuance of the attack it may grow into bronchorrhea with free serous secretions, in which case one of the following drugs may be given: oil of turpentine, terpin hydrate, terpinol, tar, balsams of Peru and of tolu, cubebs, volatile oil of copaiba, sodium benzoate, guaiacol, iodized calcium, creosote, eucalyptol, ammonium chloride or carbonate, etc.

The sensibility of the respiratory mucosa is slight in elderly persons, the tissues are relaxed and no impulse to cough is felt. Secretions collect in the bronchi until the patient is literally drowning in his own secretions. In such cases it is advisable to give an emetic, and perhaps the safest one is apomorphine given hypodermically. Later in order to stimulate sensation and cause more vigorous cough and expectoration some stimulant expectorant may prove beneficial, such as sanguinarine. This remedy should be discontinued as soon as the object for which it was given is obtained. The tendency in the treatment of bronchitis is to give too much medicine, and while I have mentioned the remedies indicated in certain conditions, I advise that they be not given except when we have unmistakable indication and reason for their administration, and then discontinued as soon as the effect is secured.

Infants with bronchitis have little sensibility of the mucous membrane, and care must be taken to raise the secretion. Somnolence, blueness about the lips, pallor, shallow respiration with little or no cough, symptoms that are likely to be overlooked by an inexperienced mother, should be attended to at once. An emetic, tho it would rid the chest of mucus, lowers the vitality. Sanguinarine, in doses to suit the age is good, as is a small amount of brandy, if necessary. Place the babe in a hot bath and dash a little cold water on the chest to incite crying and full respiration. If emetics are used they should be given only at night, in order that the respiratory tract may be free from mucus before the parents settle down to sleep. Opiates rarely should be administered to infants, and never when the infant is subject to bronchitis.

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In conclusion I presume I should say a few words regarding vaccine treatment of this disease, but as I am giving results of my own experience, I cannot offer anything in the way of encouragement regarding this form of treatment for acute bronchitis. I have used stock vaccines in some cases, also autogenous vaccines made from sputum, with comparatively little success in some cases, and with no success in the majority of cases.

In chronic bronchitis, no doubt residence in a proper climate would be a favorable influence, that is a climate warm and mild and more or less humid like the west coast of Florida or the extreme southern part of California. Exercise is valuable to strengthen the respiratory muscles and stimulate expulsion of the mucus.

Translated for THE CRITIC AND GUIDE.

SUPERSTITIOUS CONDUCT DURING PREGNANCY.

BY PROFESSOR PAUL BARTELS.

Popular belief imposes upon a pregnant woman many rules, upon the observance of which depends the welfare of the young life stirring in her womb.

Many of these rules are apparently absurd, while others seem to be quite sensible when tested by experience.

Among the Roumanians of Bukowina a pregnant woman must not repair the oven nor take off the shoes of another person, nor hand water over the fence. All these activities involve a bending and pressing of the abdomen and are liable to injure the fruit growing in the womb. All such rules are based on natural and practical, not mystical, considerations; whether this is done consciously or unconsciously we are unable to decide. It is quite different in cases where a natural explanation cannot be found.

The fundamental idea is quite clear when we observe the generally prevailing fear of tying, knotting, binding, etc., because all such activities involve a closing, a locking up which must be omitted by a pregnant woman if she does not want to be closed up, to be herself sealed, that is to say, if she wants to avoid a difficult delivery. Therefore on the Sermata and Barbar Islands a pregnant woman is not allowed to weave mats. In Franconia she must not step over a ploughed furrow; if she has done so inadvertently, the furrow must be raked over. For the same reason pregnant women of the Songish Indians, in Vancouver, and of the Nootka Indians do not wear bracelets, anklets or neck-chains.

All crawling and cringing causes the umbilical cord to twist itself around the child in the womb. Therefore in the Palatinate and in Brunswick a pregnant woman avoids slipping thru under a clothes-line; she must neither spin nor twist. In Bavarian Franconia she must not crawl thru under a rope or a board.

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Von Wlislocki says of the Saxons of Transylvania: "A pregnant woman must not twine thread around her neck nor wear a neck-lace, otherwise at birth the umbilical cord will be twisted around the neck of the child; the same will happen if the pregnant woman jumps over the cart-shaft."

In Oldenburg a pregnant woman must not crawl thru under the neck of a horse nor must she step over a harrow.

In Modena a pregnant woman must not pass under a clothes-line; if she does so, the umbilical cord will wind itself around the neck of the fetus.

Not less plain is the causative idea when we read that the wife of the Transylvanian Saxon would bring forth the child "upside-down" if she ride backwards in a carriage.

Among the Bulgarians a pregnant woman will have a hard delivery if she steps over a piece of wood; the same misfortune will happen to her if she sits with crossed legs.

In Japan a pregnant woman must not step over a bamboo-broom, otherwise she will have a hard delivery; nor must she tread on egg-shells because this would produce leucorrhea.

Apart from aggravations of delivery, an imprudent behavior of the pregnant woman may cause various other lasting injuries to the fetus.

In Berlin we meet with the superstition that the woman must not have a tooth pulled, otherwise her baby would be born with a lame back and never learn how to walk. A Hungarian woman would certainly give birth to a crippled child if mice should build their nest under her bed and if she should fail to stop the holes with her excrements. In Ambon as well as in the Uliase, the Seranglao, the Gorong and the Watubela Islands a crippled child is born when the pregnant woman jeers at cripples.

One must not throw flowers at the pregnant wife of the Transylvanian Saxon, otherwise the child would bear a mark at the same spot where the mother was hit. She must not pour beans into her apron nor urinate on hemp, otherwise her child will be affected with a cutaneous eruption. The same will happen to the baby of the wife of the Transylvanian Gypsy-Romany if she carries in her apron millet, hemp-seed, pearls or other small grained things; if accidentally the blood of a slaughtered animal is squirted into her face the baby will have red spots in the same place—if she does not wash her face with salt-water at the time of the waning moon.

In Upper Austria and Salzburg the pregnant woman must not put her hands into dirty water, otherwise the child will have ugly hands; she must wipe nothing with her apron, otherwise the child will have a cutaneous eruption on his scalp; she must not wear a nose-gay to her breast, otherwise the breath of the baby will be evil-smelling; if the woman steals, her child will be thievish: if she wears black aprons, the child will be timid.

The child of the Wendish woman in Hanover will be freckled

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and have birth-marks if she cooks something which squirts, or if she scrapes carrots.

The Romany baby will be mangy if the pregnant woman spits upon a toad. For similar reasons, in Ambon and the Uliase Islands the woman must not allow lepers or persons with ugly ulcerations pass by behind her back.

In the Uliase Islands the pregnant woman must not sit with her back turned towards a kitchen-pot, otherwise she would give birth to a black baby. Among the Transylvanian Saxons the woman must not touch a pig with her foot, otherwise bristles will grow on the back of the baby; she must not strike a dog or a cat, otherwise the baby will have hair on the face.

The pregnant woman in Hungarian and Transylvanian Saxony commits a great sin if she denies being pregnant: her child will be mute. The same belief prevails among the Bulgarians.

In Seranglao and Gorong a pregnant woman must not sit in front of the door, she must not collect wood, nor lie on her back, if she wants to give birth to a healthy and well-formed baby.

In the Luang and Sermata Islands it is not allowed to cook in the house of a pregnant woman. Among the Olo Ngadju, in Borneo, during the month preceding confinement, a married couple must not kindle fire, otherwise a spreckled baby would be born.

In the families of the chieftains of the Nauru Island the following rules are scrupulously observed, principally before the birth of the first child: One is not allowed to touch nuts which fell within a radius of 100 feet from the hut; the woman must eat nothing which was touched by husband, father or mother; from the fifth month it is not allowed to drive a nail into the wall of the hut; even the least noise is prohibited; nothing must be taken from the wall until the child is born.

The moral conduct of the child's later life is considered influenced by the behavior of the pregnant woman.

If the woman of the Transylvanian Gypsy wears feathers of a bird of prey, the child will become a great thief and end his earthly days as a jail-bird or on the gallows.

If in Bavaria the pregnant woman follows a poor sinner on his last trip, one day her child will walk the same way.

In Brunswick a sewing woman must not hang thread around her neck—as is ordinarily done—otherwise her child will hang itself later on. She must not take anything from a person or eat something secretly, otherwise she will give birth to a child with thievish propensities; for the same reason, in Ambon and the Uliase Islands the pregnant woman must conceal nothing.

During her pregnancy the Romany woman must not play with a cat, otherwise the child will have many enemies. In the province of Modena a mass must be said to Sancta Liberata, lest

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the child end his earthly days in the galleys or on the gallows.

The Hungarian woman must not see lightning, otherwise her children will become restless wanderers and never come back to her. And yet the splinters from a tree hit by lightning are the augury of a happy delivery.

We meet with a similar and remarkable idea in Samoa, where the natives believe that the birth-marks on the body of a newly born babe are caused by certain sins of the mother. "If the pregnant woman steals victuals in order to eat them secretly, or if she secretly helps herself to something from the common larder of the members of the family, or if she takes from the hen-coop an egg to eat secretly—all these things taken and eaten by her secretly and selfishly, will leave some mark on the body of the next child, and so the baseness of the mother will become manifest."

Von Bülow saw a birth-mark resembling a piece of pigs-liver which the mother had stolen and eaten secretly during pregnancy; another mark resembled the head of a hen, because during pregnancy the mother had violently quarreled with a neighbor about the ownership of a breeding hen.

The woman of the Orang Panggang, in Malacca, lays down flowers near a tree which must belong to the same species as her Life Tree. Upon this tree the soul of the next child waits in the shape of a bird until it is eaten by the pregnant woman. "The bird which possesses the soul of the child of the pregnant woman, always dwells in trees which belong to the species of the birth tree (arbor vitæ); the bird flies from one tree to the other and follows the still unborn body. The souls of the first-born always are young birds which developed from eggs, the breast of a bird which possessed the soul of the particular mother. The birds know how to distinguish the placenta of a boy from that of a girl. The birds received the souls from Keii, the highest god." Pregnant women who forget to eat the Soul-Bird will bring forth a dead baby, or the child dies soon after its birth.

A very strange ceremony is performed in Java:

"In the seventh month of pregnancy husband and wife go to a well or to the shore of a rivulet. The upper parts of the bodies of both must be undressed; young Pisang leaves are bound under the arms of the young woman and a fold is left open. Husband and wife sit down, one opposite the other. The husband takes a spool and tries to drop it from above thru the fold left open when the Pisang leaves were bound under the arms of the woman. An old woman is at hand who catches the spool, takes it in her arms, caresses it, and says:

"Oh, what a dear little child! Oh, what a beautiful little child!" Then the husband lets slip an egg thru the fold and when the egg, symbol of birth, lies on the ground, he takes the kris and cuts the Pisang leaf where the fold was left. When this is done, all women assemble and eat rice with rudjag."

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For THE CRITIC AND GUIDE.

A MEDICAL CHAT.

BY JOHN HEARN.

During that banquet at which Socrates gave his imperishable discourse on love, it happened that, "from repletion or some other cause," Aristophanes had a hiccup when it was his turn to speak.

He said to Dr. Eryximachus, at his side: "It is but fair that you should cure my hiccup or speak instead of me until it is over."

"I will do both," volunteered the genial physician; "I will speak in your turn, and you, when your hiccup has ceased, shall speak in mine. Meanwhile, if you hold your breath some time, it will subside. If not, gargle your throat with water; and, if it shall continue, take something to stimulate your nostrils, and sneeze; do this once or twice, and even tho it be very violent it will cease."

"While you speak," said Aristophanes, "I will follow your directions."

At the end of his speech the medicus said: "I observe your hiccup is over."

"Yes," said Aristophanes, "but not before I applied the sneezing. I wonder why the harmonious construction of our body should require such noisy operations as sneezing!"

Imagine the amused astonishment of the old Greek could he but hear the late Dr. Elie Metchnikoff recount the much more fundamental disharmonies of nature!

* * *

Testimonials as to their efficacy cannot be given with all the ancient remedies, altho they all perhaps cured or seemed to cure.

Wine with pepper was what Marcus Aurelius took at the advice of Galen for the condition produced by gormandizing. The advice was given indirectly, however, for Galen, courageous as he was, feared to recommend anything so drastic to his sovereign; but Marcus, on hearing that Galen would have given wine with pepper to an ordinary patient, partook of that beverage after bidding Galen depart. The royal patient knew, what many of his subjects did not suspect, that an emperor, no matter how superior mentally, was not physically very different from a proletarian, except perhaps in the matter of cleanliness.

* * *

In the middle of the sixteenth century mummy and unicorn was supposed to be a panacea for all ills. Dr. Victor Robinson speaks of the combination as "a sort of forerunner of Peruna." Especial virtue against poison was attributed to the horn of the unicorn; but it is probable that the horn supposed to have exhibited that virtue was either of the narwhal (sea-unicorn) or of the

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rhinoceros. We moderns are inclined to think that no unicorn was ever more alive than is that one now seen on the arms of Great Britain. But Ludovicus Romanus asserts that he saw two of the beasts kept alive in the temple of Mecca, and Aristotle, Aelian, Pliny, and other classical writers mention the one-horned animal.

* * *

Massage, which is now occasionally hailed as one of the newest remedial measures, was well known in Homer's day. About 2500 years later the surgeon Ambrose Paré was an enthusiastic advocate of that system.

In these days little is heard of leechcraft, but in the middle of the last century four only of the principal dealers in London imported 7,200,000 medicinal leeches (Sanguisuga medicinalis) annually. The leech dealers of the south of France used to drive horses and cows into the ponds in order that the leeches might suck their blood and grow fat. Children were employed to catch leeches by hand, and grown-ups waded into the shallow waters and captured "the valuable little animals" that clung to their legs.

Wycliffe in translating Luke iv. 23, used the word leech for physician: "Leech, heal thyself." Indeed, the word is still in common use in that sense. In accounts of the days and execution of Edith Cavell, she is spoken of as a leech-maiden.

* * *

Dr. R. M. Lawrence, in his "Primitive Psycho-Therapy and Quackery," emphasizes the fact that "the efficiency of many primitive therapeutic methods and the success of charlatanry are to be attributed to mental influence."

According to Origen, it was customary among the Alexandrian Christians or a person suffering from any ill to write certain characters on paper or metal and to fasten the amulet thus made upon the part of the body affected. No doubt many demons of illness were thus cast out. Talismans made of jewels, thru their magnetic polarities and their brilliancy affecting the imagination of the sufficiently simple-minded, have been accredited with numerous remarkable cures. Even at the present time there is a widespread belief in the power of talismans, amulets, and phylacteries (written words inclosed in small leathern cases) to protect the wearer from evil and to cure his diseases.

"One may heal with herbs," says the Zent Avesta, "one may heal with the Law, one may heal with the Holy Word; among all remedies, this is the healing one, that heals with the Holy Word; this one it is that will best drive away sickness from the body of the faithful."

As a remedy for cramp in the leg, Robley Dunglison, in his Medical Dictionary, quotes this old English verse-spell:

"The Devil is tying a knot in my leg;
Mark, Luke, and John, unloose it, I beg."

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"Mental influence," says Dr. Lawrence, "is oftentimes extremely valuable, but it cannot always be an efficient substitute for opium or quinine."

* * *

A method of treating wounds a few decades ago was to wash in undistilled, unboiled, even unfiltered water, bringing into contact with the wound about 37,000,000 micro-organisms. Afterward the wound was tied up with a cloth preferably old and often soiled and holding an incalculable number of germs. At a baseball game during the past season an amateur surgeon was observed to employ the latter part of this treatment on the hand of the catcher, using his own badly soiled pocket handkerchief torn into strips. Whether the catcher is still above the sod this deponent saith not.

* * *

At the time Paré began to practise surgery the usual way to treat gunshot wounds was to cauterize them with scalding oil; but Paré, at that time with the French Army, used white of egg when the oil gave out, and found the treatment quite successful.

On the European battlefields gasoline on swabs of absorbent cotton is now being used to cleanse contused and lacerated wounds into which dirt has been ground. To a limited extent instillation tubes are employed to carry antiseptic solutions to the innermost depths of such horrible wounds as are caused by shrapnel.

It would be supererogatory to go into detailed description and laudation of the work being done by physicians and surgeons on the battlefields. The newspapers are printing everything of the kind that comes to light. Besides, chronologically we are too near and spatially we are too far from the scene.

A slight scratch which in the good old days would have been entirely disregarded, the death of the scratched one being laid at the door of an all-wise and inscrutable Providence, is now rendered aseptic as an ingrained precaution. We think no more about it than about cleansing our teeth or manicuring our nails. Thus, more of us than dream of it owe our very existence to the advance of medical science. It is natural for one to take as a matter of course the results of the epochmaking achievements upon which the present phase of medical progress rests. It is natural to take all benefits as a matter of course.

The great modern struggle to avoid pathogenic germs began in 1867 with Sir Joseph Lister. It was then that he wrote in the London *Lancet*: "Investigating the actual reason why the wound in a compound fracture may prove so disastrous, we find simply as explanatory the septic changes in the blood which is poured out in greater or less quantity about the seat of fracture and into the connective-tissue spaces, such changes being induced by the entrance of air, and the blood losing its mild character to take on the quality of an active irritant, and produce local and constitutional disturbance."

Of course Lister did not perceive the whole truth at the first

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glance. What he feared from the air is now feared only or principally from contact. The air is regarded as unfavorable for the development of any except very innocent germs—mold spores, yeast plants, et al. Even where the sun shines hot on stagnant pools in which bacteria swarm, the micro-organisms are not freed into the air. What Lister observed led to the perception of the truth as it is known to-day.

Pirogoff, a contemporary of Lister, wrote in his "Fortune in Surgery": "The influence of the physician, the therapeutic resources, and mechanical dexterity are of no importance; the results of an operation are dependent entirely upon chance." In Nussbaum's clinic in Munich 80 per cent. of all wounds were attacked with hospital gangrene, according to Lindpainter. The majority of the younger physicians of the present year of grace have no personal acquaintance with gangrene; the majority, that is, of those who have not visited the theaters of the present unpleasantness across the waters.

* * *

One benefit the physicians have wrought is psychological. They have worked a revolution in the minds of the people, who now no longer unanimously hold that diseases are the whips of God, wherewith the children of iniquity are whipped for punishment and the children of righteousness for the increment of their reward in Heaven. Some of the clergy have aided in this, expressing their wholesome doubt that God would resort to an epidemic of infantile paralysis to bring children into the presence of their Creator.

A Healthy Balance.

Health in the natural body consists in the harmonious balance of anabolism and catabolism, nutrition and waste, the building up and the breaking down of the tissue. Similarly the wellbeing of the body politic is to be found not in a state of conflict, but in a harmonious balance of opposing forces or tendencies—liberty and order, individualism and socialism, democracy and aristocracy, reform and conservation. In the strong man, energy and self-control are in proper harmony. If there is a conflict in the mind, vacillation, anxiety, distress, uncertainty, take the place of courage, promptitude, purpose and resolution. So, in the political body the healthy condition is not a condition of chronic strife, but a balanced movement, a due equilibrium, not such equilibrium as leads to immobility, but such a harmony of forces as produces orderly function, wise deliberation, and methodical progress. This view of the conditions requisite for healthy national life may not be new, but it is certainly neglected.—NUMA MINIMUS: *Vox Clamantis*. London, 1911.

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Therapeutic Guide

Constipation in Children.

Catharsis should be abandoned as a routine treatment and simple rules of diet be insisted upon, and when these are not sufficiently effective such mechanical factors as glycerin suppositories and paraffin oil be resorted to, and only in extreme cases of acute constipation a cathartic should be used.—GRULES: *Internat. Clin.*

Cinnamon as a Prophylactic for Measles.

Give to the child powdered cinnamon with his food night and morning and continue this for about three weeks.—DRUMMOND: *Brit. M. J.*

Cinnamon in Acute Coryza.

Cinnamon in the form of twenty-five drop doses of the spirit is one of the most effective remedies for acute coryza. DRUMMOND: *Brit. Med. Jour.*

Anal Pruritus.

For anal pruritus apply balsam of Peru and simple cerate, equal parts, after cleansing; repeated every 8 to 12 hours.—COWLING: *Therap. Rec.*

Bowel Movements in Elderly Persons.

In certain age periods certain intestinal disorders are in some way related to certain affections of the ganglionic nervous system and produce a distinct clinical picture which shows that the bowels fail in performing their function of elimination in a normal and effective manner. The assumption that a single stool a day constitutes effective evacuation may be correct as far as it relates to younger subjects but it does not hold true in the great majority of people over fifty-five or sixty. At that time of life the contractility of the muscular coat of the lower bowel becomes impaired and this condition is followed by persistent impaction of fecal matter in that organ. Older people, without having any definite suspicion that a defective activity of the bowels is responsible for their ailment, when seeking medical advice complain chiefly of a feeling of weakness and nervousness, of an inability to work at their wonted gait, of heaviness in the left chest, of shortness of breath, of pain in the midsternal region radiating thruout the left arm, etc. Their bowels, according to

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their own story, are not sluggish, but the fact that they feel better when their intestinal tract is free and open is sufficient proof that these organs perform their functions inadequately. Moreover, the blood pressure is inclined to be excessive and the heart's action irregular, hypertrophy of the left ventricle may be present and lesions of the cardiac valves may develop if the exciting cause of the disorder should be kept up for a long time. Affections of this sort are much benefited by the administration of saline cathartics, such as sulphate of magnesia and sulphate of soda in the form of mineral water, such as Hunyadi, Kissingen, Pluto, Bedford Springs, etc., and taken before breakfast with a glass of hot water. Additionally a grain of blue mass may be taken before retiring and a pill of medium doses of strychnine, aloin, extract of belladonna, and ipecacuanha are also useful when given two or three times a day. Bran meal mush for breakfast is a valuable adjunct in the treatment of this condition.—DR. THOMAS J. MAYS: *N. Y. M. J.*

Opium in Acute Infection.

The fatal exhaustion in cases of acute infection may be prevented by deep opium narcotization. In the last generation the value of opium was more generally recognized than at present. By the so-called "Alonzo Clark" method, opium was given in sufficient dosage to overcome abdominal distension and reduce the respiratory rate to eight or ten per minute. In this trance-like state the Kinetic System was held almost at a standstill, the energy in the body thus being conserved until phagocytosis overcame the infection.—GEORGE W. CRILE.

Combination of Iodoform and Ether in the Treatment of Phthisis.

Dr. E. Curtin (*Med. Press,* Nov. 14-'17) reports that his treatment of phthisis by the intravenous injection of iodoform dissolved in ether was crowned with almost unvarying success for nearly six years. He says that when originally introduced for this purpose by Dr. T. M. Dewar and then continued largely on empirical grounds, it was at first supposed that the iodoform was the active remedy altho its precise mode of procedure was merely a matter of conjecture. Dr. Curtin points to the justification of the clinical use of the iodoform-ether combination by subsequent laboratory investigation as one of the most interesting instances in medical history.

The Tuberculous Cow.—A Vindication.

An editorial in Clinical Medicine of December 1917 calls in question the correctness of the assertion made by Dr. Winchester (*Am. Jour. of Pub. Health*) who indicts the tuberculous cow as a common enemy that slays thousands of humans. "Has this assertion ever been proved?" the editor asks. "When

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a child has tuberculosis how are we to determine whether the infection came from the milk or from some other source?" After all, the tuberculous cow may not be as black as she is painted. For, on the other hand, we hear voices that extol the tuberculous cow as being a benefactress of human beings. In the editorial Dr. W. M. Gregory is quoted, who flatly contradicts the assertion that the milk of tuberculous cattle is perilous, but, quite the contrary, that its use imparts immunity against tuberculosis, this milk being alleged to contain the antibodies that protect humans against that form of infection.

The Story of a Tooth-plate.

Dr. Gordon Taylor (*Brit. Med. Jour.*, Dec. 1, 1917) relates the following case in which a fragment of a broken artificial denture was swallowed by a patient rendered unconscious by the same injury that fractured the plate. A soldier was buried in his shelter by a large shell. He was dug out from amongst the debris in an unconscious state and conveyed to the base. When he recovered consciousness he at once asked for the artificial tooth plate he had been wearing when he was rendered unconscious by the shell explosion. The plate—an upper one—was produced from his wallet by an attendant, but the patient quickly declared his doubt as to it being his, or if it were, he said, it must have been broken, and that part of it was missing. The man had also shown some signs of a fracture of the skull, and to this was ascribed the difficulty in swallowing of which he complained. He was evacuated to England and admitted into a hospital. His story led to an investigation of the denture which showed evidence of having been fractured across its palatal and alveolar portions. Examination revealed the presence of a foreign body in the thorax, and a plate with two teeth opposite the middle piece of the sternum. The writer was asked to try to remove it which was easily done per vias naturales by means of a forceps. So far as the gullet was concerned, recovery was uneventful. A pulsating exophthalmos resulting from the fracture of the base of the skull was successfully treated.

The Eye, Quinine, and Malaria.

In an editorial in the *Therap. Gaz.*, Dec. 15, '17, attention is called to the fact that the administration of large doses of quinine may be followed not only by temporary impairment of vision, but by actual, temporary, and sometimes, permanent blindness. Quinine, the writer points out, being innocuous in most persons, has a very definite affinity for the optic nerve in certain individuals. In a case on record, sudden, complete, but temporary, blindness occurred after fifteen grains had been

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given in divided doses during twenty-four hours. The editor recalls that recovery usually occurs where the dose is a single one, or has been given thru only a day or two, but if the drug has been continued after the appearance of the symptoms the prognosis is not favorable. Mention is made of a recent publication, "Influence of Quinine and Malaria upon Vision," by Fernandez, of Cuba, who mentions a case of sudden blindness, following the ingestion of quinine. Fernandez, however, questions whether quinine is to be accused of being always responsible for ensuing ocular changes. There being scant information obtainable as to the effect of malarial infection upon the optic nerve, the editor is inclined to attribute it rather to the drug than to the malaria. He notes the lack of reports in which by autopsies on human beings the presence of optic atrophy from quinine, and less from malaria, has been proven, but points to the records of instances in which large doses of quinine, given for malaria, have developed visual disorders which, in after years, have revealed the existence of some atrophy of the optic nerve. In concluding, the editor advises to stop the administration of the drug at once, or to cut down the dose very materially at the appearance of ocular symptoms, unless, of course, the danger to the patient's life exceed the risk of the impairment of his vision.

Treatment of Neurasthenia and Psychasthenia following Shell Shock.

Dr. R. T. Williamson (*Brit. Med. Jour.*, Dec. 1, 1917) deplores the unsatisfactory treatment given to the numerous cases of persistent neurasthenia, psychasthenia and allied conditions following shell shock, or caused by continued anxiety from Zeppelin raids and from various other risks of injury. The writer lays down a line of treatment which is psychological as well as medical, and which from a study of the severer cases he considers suitable. In the first place, the patient should be examined carefully, symptoms noted, signs of organic diseases searched for. It is of the utmost importance to exclude early general paralysis of the insane, organic diseases of the nervous system as well as cases of functional paralysis, loss of speech, deafness, etc., following shell shock, which the writer does not consider in his article. When the diagnosis is established, it is desirable that the patient should be freed from all anxiety and dread of further exposure to similar risks to life and other causes. He should be definitely told that he will certainly recover.

The writer emphasizes the importance of the sleep treatment. At first hypnotic drugs should be given both at night, and during day for a short time, so that he may sleep all night and, for a few days, also during part of the daytime. The patient should cease thinking of the war and his experiences.

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This may be brought about by sleep, and then by occupation whenever he is awake. As regards the kind of occupation, a new subject, or one not associated with his war experience is desirable. Very close application to the work in hand is desirable. The occupation should be one requiring thought, and if the patient finds, after continuing for some time, that it can be done mechanically, the occupation should be changed so that thought is required. The work must be interesting to the patient. In concluding, the writer remarks that in many of the severer cases recovery is very slow.

Perforation of Appendix from Purgation.

Dr. Thaddeus E. Wilkerson (*Therap. Gaz.*, Dec. 15, '17) argues that purgation for the relief of acute abdominal symptoms is a dangerous procedure, and presents several instances, taken from a series of 52 cases of ruptured appendices during the year 1916, in the service of Dr. H. A. Royster, showing the line of treatment carried out between the onset of the attack and the operating table. In three of these cases, two of the subjects being males, aged 15 and 16 respectively, with histories of previous attacks of abdominal colic, and the third a female, aged 14, when taken sick with violent abdominal pain, nausea and vomiting, each patient was treated as once by his respective physician with large doses of calomel, magnesium sulphate, and the third with an additional dose of four ounces of rhubarb. All three were operated on, and in each the appendix was found ruptured with free pus in the abdominal, or pelvic cavity. The fourth case was that of a male, aged 40, with a history of indigestion of ten, and attacks of abdominal colic of two years standing. When seized with vomiting, nausea, abdominal pain and tenderness which localized in the right side in a few hours, the patient took a glassful of castor oil, and on the following day sent for his doctor who diagnosed ruptured appendix and brought the man to the hospital. The diagnosis was confirmed at the operation. Now, what shall be done in such cases? Dr. Wilkerson advises to give nothing by mouth, to place an ice-cap over the appendical area, and empty the rectum with a small, simple enema. When the vomiting is severe and continues, gastric lavage may be given. "Purgation means perforation, and the time has arrived for.... the purgative to pass into oblivion."

Diagnostic Value of Gonococcus Vaccine.

Drs. Asch and Adler (*Münch. Med. Wochenschrift*) state that the injection of 25 to 125 million of a killed gonococcus vaccine will suffice to bring about a reappearance of the urethral discharge of latent gonococci. They want that no case of gonorrhea should be declared cured unless this test has been made and proved negative.

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Hygiene and Dietetics

Canned Fruits.

Referring to alarming reports emanating from California, several months ago, of severe sickness and fatalities resulting from the eating of canned fruits and vegetables, caused by the presence of the bacillus botulinus, attention is called to a bulletin issued recently by the U. S. Agricultural Department in which it is stated no such danger exists, if the proper precautions are followed. One should first ascertain that the canned goods have not been spoiled before eating. All danger of botulism, however, may be avoided by boiling the contents of the jars a few minutes, since the bacillus and its toxins are destroyed by such treatment. In the process of canning the sealed jars should be subjected to heat of 212° F. for from one to four hours according to the character of the material.

Common Colds.

In an editorial note in the *Therapeutic Gazette* (Dec. 1917) attention is directed to the distinctly infectious character of common colds, and to the fact that at present we have no definite and suitable methods of combating such infections. Means which have been recommended might prove of value but will fail because the average individual will not use them in time, or will consider procedures, such as nasal irrigations, as worse than the disease. By the way, the attempt at nasal douching by the laity only too frequently ends in an infection of the middle ear. The editor emphasizes the necessity of isolating more or less those who are infected, particularly in regard to the health of children and older persons in whom such colds are not infrequently followed or complicated by catarrhal pneumonia which in both clasess presents a high mortality. Patients afflicted with a common cold should be cautious in the handling of their handkerchiefs, and should hold a handkerchief or gauze over the nose and mouth when sneezing, and should keep as far away from healthy persons as the exigencies of life permit.

Mouth Infections and Their Relations to Health.

As there is nowhere in the human body more opportunity for disease-producing bacteria to gain entrance than in the mouth, Dr. G. V. Kohn (*Public Health,* Michigan S. B. of Health) advises the observance of strict oral cleanliness. The important factor in the prevention of disease is that of maintaining a high resistance, i.e., that of keeping the tissues in such a state that they will be able to ward off the persistent atacks of the bacteria

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constantly endeavoring to break thru and attack that part of the body best suited for their growth. This is done by keeping their numbers down by the elimination of all food products from the teeth and surrounding tissues after each meal. Decayed teeth furnish food for them as well as a place from which their removal becomes impossible. Where the nerve has died there is a direct road laid open for the bacteria to pass into the lymphatic system. Where the dead nerve has been removed and a filling been inserted a so-called "blind abscess" is often present and may remain there for an infinite length of time without the knowledge of the patient. The pus, in these cases, is absorbed and is often the cause of arthritis. Another cause by which the resistance is lowered is the irritation produced by gold crowns which are too large, or crowns with sharp edges. Further, lime deposits lead often to pyorrhea, and should never be allowed to collect on the teeth.

A Spare Diet.

The celebrated Cornaro, who brought himself to subsist on a daily diet of no more than twelve ounces of solid food. and fourteen ounces of wine, lived in spite of his weak constitution for about a century, and retained his intelligence until his death on April 26, 1566.—*Lejoncourt: "Galerie des Centenaires,"* 1842.

A Good Bread for Diabetic Patients.

Peanut flour eight ounces, casein two ounces, pinch of salt, twelve ounces of white of egg. The white of egg is beaten to a stiff froth, then the other ingredients are added and the bread is baked in tins.—DR. NICHOLSON.

The Human Machine.

The individual, like other mechanisms, is modified by the impairment or the deprivation of certain parts. When the brain is progressively destroyed by cerebral softening, the conversion of energy in muscular action is correspondingly diminished. When a certain percentage of brain-cells has been lost, then the brain can no longer adequately drive the body and a state of equilibrium is reached—the individual is dead.... The excision of the thyroid in carnivora and in man causes a rapid diminution of muscular power and a diminution in the production of heat. Sexual desire and procreation are depressed or lost; the mind is weak; the individual becomes large, flabby and stupid. Feeding thyroid extract to such an individual transforms him into a comparatively normal, physical and mental being.... The human mechanism may be modified not only by the loss of some of his component parts but also by depriving the body of certain food constituents. For example, the exclusion of sodium chloride from the diet soon causes death, and the removal by milling of vitamin, a tiny ele-

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ment in the husks of rice, has caused the death of multitudes of rice-eating people and is the cause of the disease known as beriberi. The administration of this minute constituent of rice prevents and cures beriberi.... It would seem that while a man-made machine is apparently, it is *not* really, *more* dependent on chemistry and physics than is that complex animal mechanism, man.—GEORGE W. CRILE: *An Adaptive Mechanism.*

Universal Immunity.

Dr. Baruch (*Med. Rec.*) writes: If at an early age children are injected with the serum drawn and prepared from the blood of their parents or other individuals who have suffered from scarlet fever, measles, or any of the immunizing diseases, such offspring will be rendered immune to these diseases, and eventually it will be possible to breed a race of humans who will be progressively immune to all of the acute infectious diseases.

ENDOCARDITIS.—Rest is the main factor in treating an active endocarditis.

Orange Peel in Constipation.

In the French army they are using exhausted orange peel for chronic constipation. The peel is boiled for an hour. The liquid is used for preparing flavoring mixtures, and the refuse is dried and given freely. It not only seems to stimulate the action of the intestinal canal, but it also stimulates the flow of bile, it is thought.

The Effects of Sunshine.

Benjamin Franklin had received wine from Madeira which he was putting in bottles on his Virginia estate. In this wine he found a few flies which were apparently dead. Franklin put these flies in the July sun of the hot Virginian climate, and before long the life that had been interrupted so long appeared again.—HUFELAUD: "Makrobiotik."

Aphorisms.

Joy is the best physician for fatigue.—PINDAR, 522-422 B. C.

The good physician is he who knows how to employ the right remedies at the proper time; the poor one he who in the presence of a serious illness loses his courage, becomes flustered, and is unable to devise any helpful methods of treatment.—AESCHYLUS, 525-456 B. C.

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Eugenics and Sexology

The Basis of a Happy Marriage.

Is sexual attraction the sole and true basis of happy marriage? Schopenhauer says it is, recognizing the value of falling in love, regarding it as the expression of an instinct which, by the attraction of the mutually pleasing, works for the eugenic welfare of the race. Féré, on the other hand, declares that the most impulsive and instinctive unions are most frequently the worst as regards progeny. Geddes and Thomson (*"Sex"*) think that Féré's conclusion is too much based on the study of pathological cases, as degenerates and perverts attract one another strongly. The writers point to alienists and others who have given special attention to the subject and declare that the least successful marriages are those which arose from a too specialized attraction—too purely physical, too purely esthetic, too purely intellectual. They believe that marriage based solely on the attraction for high moral and intellectual qualities may be as unsuccessful, particularly as regards progeny, as marriage on a sensual basis. Havelock Ellis contends that there are certain definite tendencies in this matter, that certain kinds of people tend to be attracted to certain kinds, especially that like are attracted to like rather than unlike to unlike, and that sexual selection, even when left to random influences, is still not left to chance but follows definite and ascertainable laws. ("Task of Social Hygiene.") Roswell Johnson remarks ("The Evolution of Man and Its Control": *Pop. Sci. Mthly.*, Jan. 1910): "While it is undeniable that love when once established defies rational considerations, yet we must remark that sexual selection proceeds usually thru two stages, the first being one of mere mutual attraction and interest. It is in this stage that the will and reason are operative, and here alone that any considerable elevation of standard may be effective."

Denial of Psychic Differences between the Sexes.

Men and women, if left entirely to their own inward tendencies, would grow to resemble one another very closely, as indeed they do when in the savage state.—BROCA.

Apart from institutions and customs, the difference between men and women is not great.—MONTAIGNE.

I do not know any amiable quality of women which would not be equally amiable in a man. I will not even except modesty and gentleness; neither do I know any vice or folly which would not be equally abhorrent in either sex.—SWIFT.

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Explanation of Untypical Femininity.

Such women are perhaps the product of a peculiar mechanism of heredity; they seem to have derived their sexual organs and secondary sexual characteristics from the mother and their brains from the father; paradoxical mixtures of this sort likewise postulate the type of the effeminate man.—LOMBROSO.

Politics and Femininity.

Referring to Havelock Ellis' remark that the game of politics appears to develop specifically feminine qualities in those who are occupied by it, Rosa Mayreder (*A Study of the Woman Problem*) thinks that this by no means involves a compliment to women if we bear in mind the tendency of the modern systems of election, which are all in favor of giving prominence to fluent gabblers, knights of the tongue, and mountebanks, who are cleverest at flattering the instincts of the crowd.

The Popularity of Marriage.

Marriage is popular because it combines the maximum of temptation with the maximum of opportunity.—BERNARD SHAW.

High-Brows and Low-Brows in Marriage.

The harmonious union of mediocre people often works out better than the discordant union of those endowed with superior qualities.—FÉRÉ.

Masculine and Feminine Love.

A man's love diminishes from the moment of its gratification; he longs for change. A woman's love on the contrary, increases from that very moment.... He is constantly on the lookout for other women, but she clings steadfastly to the one man. —SCHOPENHAUER.

Alcohol and Narcotics.

The vast majority of persons who take alcohol, tea, coffee, and tobacco, exercise self-control, and only a comparatively few step over the boundary line of common sense. Many of these persons are distinctly abnormal. In this connection, a paper by White, Superintendent of the Government Hospital for the Insane in Washington, is to the point. White believes that the excessive use of alcohol is a symptom of some underlying functional condition, and he quotes Haycraft, who after making a statistical study of the effects produced by prohibition in several states, found that as the consumption of alcohol had been diminished and as drunkenness had been lessened, the admissions to the insane asylums and poor houses had progressively and correspondingly increased.

Concerning the question of the influence of alcohol upon

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heredity Goddard, Director of the Department of Research of the Training School for Feeble-Minded Children, at Vineland, N. J., found that alcoholic parents average 5.5 children to a mating, and the non-alcoholic average 4.1. In the alcoholic group 31 per cent were feebleminded, whereas in the non-alcoholic group only 18 per cent were feebleminded. Those parents who used alcohol to excess were, in the great majority of cases, more or less defective, because if they had not been defective, they would not have abused the drug, and therefore Goddard concludes that alcoholism is to a very large extent due to feeblemindedness, and furthermore, that his statistics have failed to show that alcoholism of the parents causes feeblemindedness in the children. He believes that this feeblemindedness is accounted for by heredity and neuropathic ancestry.

Virgin Suicides.

In Lecky's *History of European Morals* (II, 46) we read of women of the early Christian Church who committed suicide to guard their chastity when menaced by the lust of emperors, or by barbarian invaders. Thus St. Pelagia, a girl of only fifteen, having been captured by the soldiery, mounted to the roof of a house, and, flinging herself down, perished by the fall. A Christian lady of Antioch had two daughters, renowned alike for their beauty and their piety, being captured during the Diocletian persecution, and fearing the loss of their chastity, they agreed to free themselves from the danger, and, casting themselves into a river, mother and daughters sank unsullied in the waves. The tyrant Maxentius was fascinated by the beauty of a Christian lady who sought in vain to elude his addresses. Having been dragged from her house by the minions of the tyrant, she obtained permission, before yielding to his embraces, to retire for a moment into her chamber, and she there stabbed herself to the heart. This was the only form of avowed suicide which was in any degree permitted in the early church. St. Ambrose and St. Jerome commended it, but St. Augustine, while expressing his pitying admiration for the virgin suicides, decidedly condemned their act. His opinion of the absolute sinfulness of suicide has since been generally adopted by the Catholic theologians, who pretend that St. Pelagia acted under the influence of a special revelation.

One of Thousands.

Jane Addams (*A New Conscience and An Ancient Evil*) relates the story of a country girl who came to Chicago at the age of seventeen, and she secured a position as a stenographer with a large firm of lawyers. She was pretty and

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attractive, and in her desire to see more of the wonderful city, she accepted many invitations to dinners and theatres from a younger member of the firm. The other girls in the office protested against her conduct, first to the girl and then to the head of the office. The usual story developed rapidly: the girl lost her position, her brother-in-law, learning the cause, refused her a home and she became absolutely dependent upon the man. As their relations became notorious, he was requested to withdraw from the firm. When brought to the writer's knowledge the girl had already been deserted for a year. The only people she had known during that time were those in the disreputable hotel in which she had been living when her lover disappeared, and, as Miss Addams suggests, it was thru their mistaken kindness in making an opportunity for her in the only life with which they were familiar, that she had been drawn into a life of vice.

Three Cesarean Sections on the Same Patient.

Dr. Battle Malone (*Memphis Med. Monthly*) reports the case of a woman who was delivered successfully of a living child by Cesarean section three times in less than three years. This woman had always been a robust child; she had not menstruated until she was seventeen, and had married at eighteen, becoming pregnant almost immediately thereafter. She was brought to the hospital after she had been in labor about twenty hours. Her physician had endeavored a number of times to deliver with forceps, but was unable to do so. Cesarean section was performed, Aug. 18, 1913, and she was delivered of a child weighing eleven and one-half pounds. The child died one week later of meningitis as result of injuries prior to operation. The patient made an uneventful recovery from this operation and three months later became pregnant again. When labor commenced the doctor was fearful of rupture of the uterus and so the second Cesarean section was made on August 11th, 1914, the patient recovering with no complications and with a living child weighing about nine pounds. She had a third pregnancy, which progressed in a normal manner until March 13th, 1916, when what the writer took to be labor pains began, and she was transferred to the hospital, all signs of labor ceasing by the time she reached there. There was a recurrence of spurious pains on the 14th and 16th, and it was not until March 17th when real labor set in. The writer still believed it possible for her to have a baby in the natural way, but after waiting for ten hours, it was found that the head had not engaged. She was a woman 5 f. 4 in. in height, weighing 140 pounds and in excellent condition and there seemed to be no reason for waiting longer, and Cesarean section was again performed. An eight pound child was delivered, which cried lustily as soon as it was well out.

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The patient stood the operation without shock and had an uneventful convalescence.

[I wonder how many more Cesarean sections this woman will be subjected to before some humane physician will have the decency and the common sense to ligate or exsect her Fallopian tubes.—*Editor.*]

Influence of the Sex Glands on Development.

In an editorial of the *Jour. A. M. A.* of Dec. 8, 1917, the writer points to the influence exerted by the genital glands on the other parts of the reproductive apparatus and on the body generally, as a remarkable illustration of the chemical correlations that may exist in the organism. The experiments of Steinach are cited who transplanted to castrated young male rats and guinea pigs the ovaries of their sisters; the males became in weight, size, and in all proportions of their bodies like females. The mammary glands were highly developed and even secreted milk, whereas the growth of the penis was inhibited. On the other hand, young castrated female guinea pigs increased in weight and size after implantation of testes, and became in all proportions of their bodies like males. Besides these changes, also the transformation of the sexual behavior of the experimental animals was manifest. Moreover, Steinach suggests that the organism is nonsexual until it has reached a definite stage in embryonic development. He believes that the sexual transformation of the body does not begin until the puberty gland has become differentiated into male or female. In support of this view, the observations of Lipschütz are adduced which show that a castrated hen assumes the plumage and the spurs of a cock while the castrated cock keeps his ornaments. According to Lipschütz this is not a result of an action of the male sexual gland on the nonsexual soma, but because the development of these nonsexual characters is influenced in the female by the internal secretion of the female sexual gland. The hormones of the sex gland may thus further or inhibit the natural continuance of conditions foreshadowed in the embryonic form.

As Weininger Sees It.

Periodical Resurrections of the Woman's Movement.

It has been noticed that in the tenth, fifteenth, and sixteenth, and now again in the nineteenth and twentieth centuries, the agitation for the emancipation of women has been more marked, the woman's movement more vigorous than in the intervening periods. The possibility of a vastly important periodicity must be borne in mind, of regularly recurring periods in which it may be that there is an excess of production of hermaphrodite and sexually intermediate forms. Such a state of affairs is not unknown in

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the animal kingdom. The view of periodical resurrections of the woman's movement reduces the whole affair to ridiculous impotence, making it only an ephemeral phase in the history of mankind.

Industrial Progress and the Woman Question.

There is no close connection between the social question and the emancipation movement. The struggle for the material necessities of life has nothing to do with the struggle for intellectual development. France, for instance, has never had a successful woman's movement, and yet in no other European country are there so many really businesslike, capable women.

Outlook for the Woman Movement.

Real intellectual freedom cannot be attained by an agitated mass; it must be fought for by the individual. Who is the enemy? The greatest, the one enemy of the emancipation of women is woman herself.

Three Children with Sporadic Cretinism in One Family.

Dr. Charles Herrman (*Arch. of Pediatrics,* Nov. 1917) presents three cases of sporadic cretinism in one family. The three patients, Tillie 22 years old, Abe 20, Jane 18, have been under treatment intermittently since they were three years old. The parents are Austrians, healthy, not related. As far as they know no member of either branch of the family has had any disease of the thyroid gland, or any symptoms that would suggest disturbance of any other of the endocrine organs. The mother has been pregnant twelve times. The children affected were born in this country. In all, pregnancy and labor were normal. They were breast-fed from 8 to 16 months; the first teeth appeared at one year. They were able to sit alone at 1½ years, to walk at 3 years. The anterior fontanel closed at 2 years. They began to say single words at 2 years, short sentences at 3 years. At two years of age, it was noticed that they did not develop properly mentally and physically. At the age of 3 they were taken to the hospital and treated intermittently for several years. The irregular treatment was due to the fact that they lost weight and the parents became alarmed. The older girl began to menstruate at 17, the younger at 15. The children came under the writer's observation in March, 1917. Examination showed that their mental and physical development was greatly retarded. Roentgenography showed delayed ossification in all. The general appearance is that of cretins; the faces are pale and puffy; the hair is dry; the skin, cold and rough; the teeth, carious; abdomen, prominent; constipation marked. All three children had enuresis until they were 5 or 6 years old. The patients have now been under treatment for 2½ months, with a combination of the extracts of the thyroid, pituitary and suprarenal glands, and have shown marked improvement.

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Of General Interest

Our System of Education.

The more these views are understood the more certainly will they lead to an individual treatment in education. At the present time shoemakers, who make shoes to measure, deal more rationally with individuals than our teachers in their application of moral principles. There is wanted an "orthopedic" treatment of the soul instead of the torture caused by the application of ready-made conventional shapes. The present system stamps out much that is original, uproots much that is truly natural, and distorts much into artificial and unnatural forms.... The principle of the existence of innumerable individual proportions of the male and female principles is a basis of the study of character which must be applied in any rational scheme of pedagogy.—WEININGER.

Leopardi to His Own Heart.

Be quiet for ever, you have beaten enough, nothing is worthy of your beating and the earth is not worthy of your sigh. Life is nothing but bitterness and weariness, there is nothing else in it. The world is nothing but mire. Repose from now onwards. Be in despair for ever. Destiny has given us nothing but death. Despise henceforth yourself and nature, and the shameful concealed power which decrees the ruin of all and the infinite variety of all.

The Psychology of the Mob.

Metchnikoff (*The Prolongation of Life*) regards fear as a primary cause of the obscure and complicated phenomenon of hysteria, which, being common both to men and animals, is a relapse to the condition of our animal ancestors. When occasionally a man, under some sudden impulse, falls under a condition of extreme violence we say that the brute has awakened in him." Metchnikoff thinks that this is more than a metaphor. "Probably some nervous mechanism from a remote ancestor has come into action at the call of some stimulation. As our anthropoid ancestors and primitive man lived in tribes, it is natural that when men are grouped together, certain savage instincts should awaken." Gustave Le Bon (*The Crowd: a study of the Popular Mind*) writes: "The most careful observations seem to prove that an individual immerged for some length of time in a crowd in action soon finds himself.... in a special state. By the mere fact that he forms part of an organized crowd, a man descends several rings in the ladder of civilization. Isolated he may be a cultivated individual, in a crowd he is a barbarian—that is a creature acting by instinct."

According to some pessimistic philosophers, Metchnikoff's and Le Bon's explanations are too far-fetched and optimistic.

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The mob spirit, they say, is to be explained by the innate brutality of the average man. Being a coward at heart, he tries to conduct himself decently as long as he is isolated, but when in a crowd together with many others of his ilk, he shows courage and reveals his inmost and true nature—that of the brute. The word evolution is a misnomer, or, at any rate, it must not be taken as progress, as amelioration, but it is in fact quite the opposite of that. Primitive man was quite a harmless creature, but being physically weaker than his Simian cousins, he was forced to exercise the nervous mass in his skull in order to preserve his life, and in the course of time produced civilization which in his overweaning conceit he regards as something great and wonderful. The outcome of this "evolutionary" process was the Human Animal of today which in the average man represents a combination of the cowardice of the hyena, the cruelty of the tiger, and the maliciousness of a fiend.

Violence and Morals.

The slow moral progress of European civilization during the last two or three centuries compared with its wonderful intellectual and material progress may with little hesitation be attributed in large part to the unfavorable influence of its war ethics upon its everyday moral code. The war code is applied to politics, to ordinary business, and to the relations of the industrial classes. So long as nations act under the illusion that they may without moral wrong employ violence, just so long will there be individuals who with good conscience will seek justice thru violence. —PHILIP VAN NESS MEYERS: *"History as Past Ethics."*

Hospitals in Ancient Greece.

Long before the Christian era it was the practice among the Greeks to make suitable provision for those who, by reason of poverty or illness, were unable to provide for their own wants or to secure the services of a physician. Their slaves, for example, were sent, when overtaken with illness, or when they had become too feeble to work, to what was termed Xenodocheia—institutions where they received kindly care and such medical treatment as was necessary.—MOMMSEN.

A Humane Vizir.

In the year 914 A. D. the Vizir Ali ben Issa founded a hospital which he endowed in the most liberal manner. When the physician-in-charge wrote him for further instructions regarding the course which he should pursue with people of different religions, the Vizir replied: "Use the fund for the benefit of all classes alike, and be sure to remember the animals."—ALBERT H. BUCK: *"The Growth of Medicine."*

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SURGERY AND DISEASE OF THE MOUTH AND JAWS. A Practical Treatise on the Surgery and Disease of the Mouth and Allied Structures. By Vilray Papin Blair, A. M., M. D., F. A. C. S., Professor of Oral Surgery in the University Dental School, and Associate in Surgery in the Washington University Medical School. Third Edition. With 460 Illustrations. Price $6.00. St. Louis, C. V. Mosby Company 1917. An endeavor has been made in this edition to bring to a focus the material that has been assembled on Face and Jaw Surgery since the beginning of the European War. This edition has been brought out under the supervision of the Sub-Section, Face and Jaw Surgery, of the Surgeon General of the Army.

PHYSICAL DIAGNOSIS. By W. D. Rose, M. D., Lecturer on Physical Diagnosis and Associate Professor of Medicine in the Medical Department of the University of Arkansas. 294 Illustrations. Price $4.00. St. Louis, C. V. Mosby Company, 1917. In this book will be noted the interrelation of Physical Diagnosis with Clinical Anatomy and Clinical Pathology. There is a close relationship between these subjects that should always be taken into consideration when a patient is being examined. Most writers on Physical Diagnosis have overlooked this.

AN INTERMEDIATE TEXTBOOK OF PHYSIOLOGICAL CHEMISTRY WITH EXPERIMENTS. By C. J. V. Pettibone, Ph.D., Assistant Professor of Physiological Chemistry, Medical School, University of Minnesota, Minneapolis. St. Louis, C. V. Mosby Company, 1917. Price $2.50. This book is a presentation of the subject of Bio-Chemistry in such a manner as to make it easily understandable to the first year student, and the general practitioner. Laboratory experiments are given in detail, and in a way that are easily understood by the reader.

TALKS ON OBSTETRICS. By Rae Thornton La Vake, M.D., Instructor in Obstetrics and Gynecology, University of Minnesota, etc. St. Louis, C. V. Mosby Company, 1917. Price $1.00. This is a series of talks given to the senior students of the University of Minnesota, but contains valuable data for any one practicing medicine.

Glandular therapy is occupying a more and more important place in the treatment of a vast number of diseases. No physician can expect to do the best for his patients who has not some knowledge of the action of the various endocrine glands. An excellent brochure which contains some valuable points on pluri-glandular therapy has just been issued by Reed and Carnrick, of Jersey City, N. J., who will be pleased to send a copy to anybody making a request. We advise all our readers to send for this pamphlet entitled "Pluri-Glandular Insufficiency," mentioning THE CRITIC AND GUIDE.

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WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

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Editorials and Editorialettes

The Mentality of Criminals.

Dr. Bernard Glueck who investigated the mentality of the 608 adult prisoners admitted to Sing-Sing within a period of nine months gives the results of his work in an article published in the January issue of *Mental Hygiene*. His findings, somewhat condensed, are as follows. The italics are ours:

(1)—Of 608 adult prisoners 66.8 per cent. were not merely offenders, but individuals who had shown *thruout life a tendency to behave in a manner at variance with the behavior of the average normal person, and this deviation from normal behavior had often manifested itself in criminal acts.*

(2)—Of the same series of 608 cases, 59 per cent, were classifiable in terms of deviations from average normal mental health.

(3)—Of the same series of cases, 28.1 per cent. possessed a degree of intelligence equivalent to that of the average American *child of twelve years or under;* of the ninety-eight native-born defectives, 80.6 per cent. were recidivists in crime.

(4)—Of the 608 cases, 18.9 per cent. were constitutionally inferior, or psychopathic, to so pronounced a degree as to have *rendered extremely difficult, if not impossible,* adaption to the ordinary requirements of life in modern society.

(5)—Of the 608 cases, 12 per cent. were found to be suffering from *distinct mental diseases or deteriorations,* in a considerable number of whom the mental disease was directly or indirectly responsible for the anti-social activities.

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Considering the legal machinery and our methods of handling the offender, Dr. Glueck makes the following significant remark:

"Just as long as a community will judge the efficiency of its police officers, prosecuting attorney, and judiciary by the volume of crime they are able to detect and punish, rather than the extent to which they succeed in preventing crime, an unnecessarily large number of what might be termed *provoked crimes* will result. Certain gross defects in each and every one of the various phases of the machinery of the Criminal law are responsible to a greater or less degree for the *creation* or *continuance* of a criminal career."

In a properly organized and humane world, which this world is not, tho we are gradually getting there, the first person into whose hands an apprehended offender will be put, will be a highly trained psychologist. Only after a painstaking examination by the psychologist or a commission of psychologists, will the offender be put into the clutches of the law. And many offenders will not be put there at all—they will be put into sanitaria.

We are glad to see that contrary to the Lombrosian school, Dr. Glueck considers heredity a rather insignificant factor in the causation of crime. He considers environment a much more important fact—and so do we. It is not denied that there is such a thing as an hereditary criminal, but he is numerically unimportant compared with the criminal made by poverty, illiteracy and bad environment.

Honest versus Dishonest Writing.

When one is young, one's passions are strong. One's likes and dislikes are well-marked, definite and unconquerable. One judges severely. One does not forgive infractions of the moral code—no extenuating circumstances exist for the young reformer. Thus have I been for many years. But when one gets older, one becomes more lenient in his judgment of men's actions, one learns that there *are* extenuating circumstances, one becomes imbued with the truth of the beautiful French motto: *Tout comprendre, c'est tout pardonner.*

And so I have learned to forgive.... Many cases which would formerly excite in me the deepest resentment and indignation now cause only a little contempt. But there is one crime which I still detest with all the strength of former passion, for which I can find no extenuating circumstances: it is the crime of *intellectual* prostitution. I hate, despise and detest the man who writes against his convictions, who will barter his judgment and sell his conscientious scruples for a mess of pottage. While I know that he is a victim of economic conditions, still I cannot forgive him. I consider him one of the most anti-social beings of our times. The ordinary criminal injures one or a dozen people. The intellectual prostitute is the arch-criminal because he poisons the minds of thousands and tens of thousands.

* * *

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I have never laid claim to superior talents or to superior virtues. But to one virtue I do lay claim: In the twenty years that I have been active publicly, I have never written a word that I did not believe to be absolutely true, have never propagated an idea that I was not sure was for the benefit of humanity, never did a thing that was not actuated by the highest motives —and never talked to the gallery. I often told and wrote the truth when I *knew* that by doing so I was greatly injuring myself—socially, professionally and financially; for I always cared more for truth than I did for a career or for wealth. And *never, never,* in my entire career, did I once write a thing that I knew or suspected to be false for the sake of any kind of reward. I would have been a much happier and wealthier man if I had agreed to go with the current—at least now and then. But we are as we are, and I never could compromise on matters of principle; and I never could bend.

This is not exactly what I started out to write, but I will let it stand. And when the time comes, I want the above paragraph to form the substance of my epitaph. He always spoke the truth as he saw it, and he never played to the gallery.

Causes and Effect, or What a Picayune World This Is.

A contributor to *The Medical World* writes about the effects of continence on sexual impotence. He quotes a number of authorities to prove that such a relationship exists, and that continence is responsible for a large percentage of impotence. Yes, he quotes a number of authorities, but he does not quote the Editor; he does not refer to our humble person. Now, it will be pretty universally admitted, that the Editor has done more, incomparably more to bring to the attention of the profession this causal relationship between continence and impotence than all the authorities quoted by him combined. In fact the chief reason why the Editor's name is anathema to all our theologo-sexologists and our so-called sex reformers is his insisting upon this relationship, and his attacking them for their hypocrisy and insincerity in claiming that a normal sex life is a luxury and not a necessity. Yes, my two greatest sins in the eyes of the ultra-orthodox part of the medical profession are: My birth-control propaganda and my frank and rational sex teachings. And *The Medical World* contributor *knows it.* So why didn't he quote from my numerous writings on the subject? A very simple reason. That contributor claims to be a specialist in the treatment of sexual impotence and claims to possess a quack remedy, a nostrum, which when rubbed under the prepuce restores sexual power. Of course it is a fake. His methods and his logic do not differ much from the "lost manhood" quack with his "guaranteed" cure. And I once attacked him in print, pointed out the ridiculousness of his claims and the fakiness of his method of treatment

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Hence, that writer is careful never to quote from us. Which is of course perfectly natural. And I do not blame him. But if the people at large knew, in each case, the reasons for what is written as well as for what is not written!

Here is another example. When our treatise on the Treatment of Gonorrhea appeared it met with *unanimous* commendation in the medical press. Its clearness, its "practicalness" was uniformly praised. Only several months after the book was published there appeared a strongly unfavorable review in one of the obscure medical journals. No copy of the book had been sent to that journal for review. I was surprised. It was so out of tune with the other reviews. I began to investigate, and discovered that that review was written by a man who had sent in several articles to THE JOURNAL OF UROLOGY AND SEXOLOGY and to THE CRITIC AND GUIDE, but which were so uniformly bad that I had to reject and return every one of them. Hence his anger, and determination to get square. Of course, it is small and dishonest, but taking in consideration the human breed, it is "natural."

Another example. A physician who always preaches purity and continence, but who leads anything but a pure life, and is not averse to performing an abortion, now and then, when the fee makes it "worth while," is never tired of slandering the Editor behind his back. Why? Because the Editor told him at a public meeting that he was a fraud and a hypocrite, and that he was not practicing himself what he was preaching to others.

Another sexologist who is doing considerable writing is careful never to quote Robinson. Why? Because Robinson on more than one occasion showed up his superficiality, his lame logic, his glaring inconsistencies, and even, on one occasion, his currying favor with the powers that be.

Another recent birth-control convert never mentions the pioneer of the birth-control movement in this country, because the pioneer once referred to the recent convert as a money making fakir.

And so it goes.

It does not pay to be always telling the truth. I could have it so much nicer, easier and *more profitable,* if I did not attack and expose so many people, if I agreed to overlook this and notice that. I would not be required ever to tell an untruth, all I would have to do is to abstain occasionally from telling the truth. Yes, I would have it much nicer in every way But then I would not have the satisfaction of always telling what I think without caring a rap for the consequences.

A Prayer.

If prayers would be heard, I would pray to the Lord, day and night, to listen to the following prayer of mine:

Oh, Lord, grant me a few years of life in a world of peace,

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a world of love, a world of *sincerity,* a world of brotherhood, a world of genuine concern for each other.

Let me only see the dawn of such a world, and I shall be ready to die of joy.

Tired of This World.

Oh, I am so tired, so tired, of the unkindness, the cruelty, the cunning, the insincerity, the duplicity, the falsehood, yes, the fiendish brutality of this world. So very, very tired!

Am I sentimental? Suppose I am. Is it a crime to be sentimental? Certainly less reprehensible than to be devoid of sentiment.

Too Much Ahead of One's Time.

It is a great misfortune to be a hundred or two hundred years ahead of your time. You are surely going to be hurt. And the misfortune is still greater, if in addition to being a century or two ahead of one's time in ideas, one also possesses a vivid imagination which clearly visualizes the world's sufferings, and a tender heart which painfully contracts at each scene of cruelty, at each recital of an injustice, at each act of unkindness and inconsiderateness.

Poor Patent Medicines.

In former years a good part of the Editorials in THE CRITIC AND GUIDE were devoted to patent medicines and exposés of nostrums. I have not touched them lately, because they have had such a hard time of it, particularly since the arrival of the Pure Food and Drugs Act; and I never attack anything that is down and out, be it a man, a thing, or an idea. But there appeared recently (March 12) in The New York Evening Post —incidentally our finest, fairest and most intelligent newspaper —an editorial on the subject of patent medicines, which is so humorously good, that I cannot refuse myself the pleasure of reprinting it.

"Death has lately claimed two Americans whose works or whose name and physical presentment were intimately familiar to unnumbered millions of their countrymen. About a fortnight ago there passed away at Columbus one S. B. Hartman. He gave Peruna to civilization. On Sunday there died at Palm Beach one James M. Munyon, whose uplifted index finger had for its only rival in popularity the somewhat similar gesture of the Statue of Liberty in New York Harbor. It is not recorded that either of these men died of a broken heart, or that an autopsy would have revealed, inscribed on that organ, the words "Pure Food Law." Yet there is a certain tragic coincidence in the fact that the disappearance of these two men should have come at a time when prohibition is swarming over the top for the final charge. It is the climax of a campaign which began with the capture of the first-line trenches several years ago, when Peruna and its allies, the various Bitters, Malt Whiskies, Wines

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of Life, and Reinforced Sarsaparillas were thrown definitely on the defensive or altogether swept out of existence. Another year or two and most of these giants of the advertising columns will be forgotten. Their fame was writ in equal parts of water and alcohol.

"Acute observers of American civilization, both foreign and domestic, used to dwell on the lust for patent medicines as an outstanding national trait. More properly it should be called an Anglo-Saxon trait. The most superficial study of English railway stations and London buses will demonstrate that the passion for paper-wrapped tonics must have been brought over from England together with the language of Shakespeare and the principles of Magna Charta. It is still difficult for the foreign traveller, longing for his first glimpse of Magdalen Tower and the Bodleian, to determine whether he has really got off at Oxford or at a place called Horsley's Health Drops. Visitors bound for the Bank of England have let many an omnibus pass by under the impression that the latter were bound for Bovril or Eno's. The great classic of patent medicines has been written by an Englishman, H. G. Wells, in "Tono-Bungay," incidentally the most humanly appealing of all the Wellsian books. An Anglo-Saxon trait, undoubtedly, with this conspicuous differentiation perhaps, that England has a preference for pills, while we concentrated on brown bottles. It is easy to imagine how the historical investigator of American social phenomena between 1870 and 1910, by applying the methods of the professional archæologist in the Ægean and the valleys of the Nile and the Euphrates, will reconstruct out of our advertising columns an entire American mythology. Munyon the Health-giver for Apollo, Father Duffy for Æsculapius, Old Father John for Cheiron, Lydia Pinkham for Ceres the Nourishing Mother—these require no abrupt leap of the imagination. They all have about the same relation to reality and to the human will to believe.

"To-day the bleak winds are howling across the fast-emptying seats of the patent Olympians. We cannot escape a sense of poignant regret which attaches to all Götterdämmerungs. Like the art of the Greeks which sank with the disappearance of the bright gods, our own landscape art is bound to suffer. The Jersey meadows and the immemorial rocks along the route of the New York Central no longer blossom with the forms and visages of these demiurgic preservers and restorers of Life, Youth, Beauty, Hope, of these slayers of the dragons of rheumatism, asthma, sick headache, and that mysterious pain in the back when you get up in the morning. Their place is taken by a sordid civilization of patent fly screens and piano players. Yet, to quote a Königsberg philosopher recently favored by Imperial approval, this is but the shifting play of appearance. The reality remains. The passion for magic remedies is probably as strong in the heart of America to-day as it ever was in the days when innocent

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clergymen wondered why Peruna, after the preliminary "kick," left them with a greater discontent than ever. The difference is only that the patent remedy has passed from the physical realm into the spiritual realm. The point of attack is no longer those neuralgic pains in the back, that tired feeling in the morning, but the feebleness of will, the lack of concentration, the absence of ambition, the inability to tap one's hidden reservoirs of soul energy to which a whole advertising literature addresses itself to-day.

"Consider, for example, the correspondence courses in Concentration which are being offered to the American public in such profusion at a ridiculous monthly sum in view of the $10,000 salary which is almost certain to follow. Consider the various book-shelves thru which diffident farmer boys may become leaders of men, stutterers may learn to sway audiences with the magic spell of their words, and homely girls may master the secret of Charm which wins the admiration of men in faultless Rochester-made evening clothes. Consider the entire national philosophy of curing by regular doses, which expresses itself in Clean-up Weeks, Baby Weeks, Love-your-Mother Weeks, and Remember-your-Grandfather Weeks. It is the old Hartman, Pinkham, and Father John instinct at work. There is no essential difference between Dr. Munyon's uplifted finger and the finger of the young man pointed directly at you and commanding you to concentrate for Success for three dollars down and a dollar a month. It is a comforting thought that the hale American constitution which did not break down under Peruna will survive these magical spiritual potions."

Heredity of Long and Short Life.

Longevity, which may be regarded as measuring the aggregate constitutional energy, is well known to be hereditary in certain families, as is short duration of life in other families. The best proof that this is the case is found in the action of insurance companies, in ascertaining thru their agents the longevity of the ancestors of persons proposing to insure their lives. Cases in which, for generation after generation, a certain age, far short of the threescore years and ten, has not been passed, even when all the circumstances have favored longevity, have been recorded. One of the most curious among these is the case of the Turgot family, in which the age of 59 had not been for generations exceeded, to the time when Turgot made the name famous. At the age of 50, when he was in excellent health, and apparently had promise of many years of life, he expressed to his friends his conviction that the end of his life was near at hand. From that time forward he held himself prepared for death, and, as we know, he died before he had completed his 54th year.—R. A. PROCTOR: *Hereditary Traits.*

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Mademoiselle Maupin.

In his book *"Famous Impostors,"* BRAM STOKER presents a series of histories of famous cases of imposture—impersonators, pretenders, and swindlers of all kinds. One chapter is devoted to women who disguised themselves as men, a form of imposture so common that it seems to be rooted in a phase of human nature. Mademoiselle Maupin is probably the most notorious of the many women who assumed and maintained the simulation of the opposite sex. The majority of the readers of Théophile Gautier's romance are not aware that the heroine was a real person. She was a singer at the opera in Paris at the end of the seventeenth century. The daughter of a man of humble extraction, still very young, she married a man named Maupin, employed in the province. With him she had lived only a few months when she ran away with a fencing master named Seranne. She became an excellent swordsman, and it may have been the sexual equality implied by the name which suggested to the young woman the idea to become a man in appearance. During a professional tour from Paris to Marseilles, in which as an actress she took the part of a man, she gained the affection of the flighty daughter of a rich merchant, and, as a man, ran away with her. They sought refuge in a convent, a place which was at that time easier to enter than to get out from. La Maupin, being conscious that an irate and rich father was in hot search for his daughter, and knowing that any talk about the venture would lose her the girl's fortune, besides getting herself within the grip of the law, she decided on a bold scheme of escape from the convent whereby she might obliterate her tracks. A nun of the convent had died and her body was awaiting burial. In the night La Maupin exchanged the body of the nun for the living one of her own victim. Having thus got her companion out of the convent, she set the building on fire to cover up everything, and then escaped in secret to a neighboring village, taking with her the girl. They remained hidden for a few weeks. An attempt was made to arrest the ostensible man, but this was foiled by the female swordsman who killed one of the would be captors and dangerously wounded two others. The girl, however, made good her escape; secretly she fled from her deceiver and reached her parents in safety. The hue and cry was out for La Maupin whose identity was now known. She was captured and placed in jail to await trial. The law was stern and inexorable; the erring woman who had outraged so many conventions was condemned to be burned alive. But La Maupin, being a woman, and a clever one, procured sufficient influence to have the execution postponed. She managed to get back to Paris where she began her noxious career all over again. She had strong help from her popularity. She was a favorite at the opera, and the class which supports art is rich and powerful which governments do not want to displease by the refusal of such a small favor as making

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the law keep its hand off an erring favorite. La Maupin's truculent tendencies were not to be restrained. She entered a course of violence which became a habit. She exercised all the tyrannies of her own sex and in addition those habitual to men which came from expert use of the sword. Thus, attired as a man, she went to a ball given by a prince of the blood. There she treated a woman with indecency and was challenged by three different men, each of whom she ran thru the body and then returned to the ball. Shortly afterwards she fought and wounded a man who had affronted a woman. For these escapades she was again pardoned. She then went to Brussels where she lived under the protection of Albert, Elector of Bavaria. With him she remained until the quarrel, inevitable in such a life, came. From Brussels she went to Spain as femme de chambre to the Countess Marino, and then returned to Paris in 1704. Once more she took up the work as an opera singer, but she had lost her vogue and the public would have none of her. Tho only thirty years of age she was prematurely old and her artistic powers were worn out. Seeing that all was lost, she left the stage and returned to her husband who, realizing that she was rich, managed to reconcile whatever shreds of honor he had to her infamous record. The church, too accepted her—and her riches—within her sheltering walls. By the aid of a tolerant priest she got absolution, and two years after her retirement from the opera she died in a convent, highly respected and in the odor of sanctity.

Is Tobacco a Necessity?

The editor of the *Indianapolis M. J.* (Jan. 1918) notes that the U. S. Pharmacopea no longer recognizes tobacco in practical medicine. Opinions differ as to its value as a luxury or a necessity. As a therapeutic agent it is not much favored beyond its local use. As an emollient, it ranks with gelatin, gum arabic, starch, linseed, slippery elm, Irish moss, Iceland moss, and marshmallow. It soothes irritated surfaces, and fine cut tobacco with diluted vinegar was considered a reliable remedy in the days of the poultice. It is still recommended as an ingredient in certain ointments and a wash for pruritus and parasites. Its effects as a myortic and narcotic are known. Jonathan Hutchinson has seen cases of amaurosis recover by the use of opium and champagne without the abandonment of the habit of smoking. The Editor does not doubt that the boys in the trenches find solace in the use of tobacco and evidently it will not detract from their bravery. A press item from London, Dec. 11, 1917, says: "Tobacco is a necessity, not a luxury, declares Lord Rhondda, the food controller, in a statement published here. 'We must have tobacco,' he says. 'It means much, both to the manual laborer and to him who works with his brains. Men would eat a great deal more if they did not have tobacco. I hold that the deprivation of it works great discomfort."

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Original Articles

Contributed to THE CRITIC AND GUIDE.

BRONCHIAL ASTHMA.

BY GEORGE F. BUTLER, A.M.,M.D.

Asthma a Paroxysmal Neurosis.—A paroxysmal neurosis is one of those nervous actions so common in the economy of man, like epilepsy, some forms of insanity, migraine, and probably asthma. These nervous actions, which, in their essence, are not abnormal, become so by excess of energy or of frequency, running into habitual intractibility. Therefore, the disease must be taken in the earliest stages and arrested before it becomes confirmed. We may gain some control over the convulsions of infancy, keeping them at a distance sometimes, thus preventing the child from becoming an epileptic, but if epilepsy once becomes confirmed, it is exceedingly difficult to cure.

A parallel case is that of asthma. It is held that it is a disease of childhood rather than of adult age, and that to realize this fact and follow its suggestions is to accept the best possible chance of stopping the attack, preventing the fixation of a habit which will establish chronic asthma. It is almost as hard to cope with the chronic asthmatic as it is with the chronic epileptic.

Two Methods of Dealing with Asthma.—We may on the one hand endeavor to make the environment of the patient conform to the requirements of the individual, or on the other hand we may try to harden him, widen his range of accommodation, thus rendering him less easily susceptible. Of drugs we may give sedatives to the over-sensitive nerve-structures concerned, or we may give those which will raise the level of nervous action to a higher platform, where the perceptive centers take less notice of their unnatural conditions.

The Palliatives.—When called to a patient in the stress of a paroxysm of asthma, it is so clear, on all accounts, that the condition should be arrested as quickly as possible that the treatment of it almost always usurps the first place, distorting the perspective. As the quickest relief is afforded by the inhalation of some fume, as of saltpeter, nitrite of amyl or chloroform, or by an injection of morphine or a dose of chloral, I find too often that the patient is in the habit of using certain patent powders for creating these fumes, or resorting to morphine, thus sacrificing a treatment of asthma to a relief of the paroxysm. Grateful for the small mercy of a temporary freedom from discomfort the patient becomes comparatively easy in mind regarding the future, carrying as he does a patented protection in his vest pocket.

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The Danger of Temporising.—Tho this plan affords temporary ease it is a disastrous procedure, for it creates a "habit," and by worrying the cardiac ganglia, tends to cardiac dilatation.

"Hot House" treatment is equally bad, as it nurses the powers into imbecility, the inevitable result being that the first time the patient puts his head outside the door he catches fresh "cold," and back again he must go to his bundle of external precautions. If asthma is to be prevented at all, this is not the way to do it.

Proper Climate Necessary.—Tho it is very much easier to give destructive criticisms of this kind than to point to a better way, I believe there is no doubt that the first requirement is for the asthmatic patient to seek a climate in which he can remain much in the open air. It is true that we know little about climate, and asthma is so individual a case that nobody can foresee with much certainty whether this place or that place will prove suitable for the individual, and when the issue seems doubtful experiments in moving the patient about are not wholly satisfactory. Still there can be found, for these sufferers, some locality favorable to each patient, and there he should be sent, for a time at least. It may be by the sea for one person, inland for another, in a dry country, in a humid, and in many instances the air of cities is the very best to be had, the most generally favorable being that which is smoky and dense. Whatever this favorable air may be, the patient should be out in it with very little restriction, for it will render the morbid circuit less prone to discharge. And he should be encouraged to pursue all sports and games of the healthful outdoor varieties.

The Diet.—It is so easy a matter to prescribe restrictions in food so numerous and complicated that the case is made worse rather than better by this precaution, that it should be said of the dietic regimen, "Be careful of it, but not too careful." An attack of asthma often appears to start from a meal that has not been properly digested, one that may have been too large in quantity, or taken at some improper hour, or of an improper character, and the point to aim at is that of good, plain, light food, moderate as to quantity and slowly ingested. Any food that is plain, wholesome, and known not to disagree with the individual may be allowed, and the chief meal should be taken early in the day when the digestion is most vigorous. Breakfast, lunch or an early dinner, should be the main reliance, and what is taken later ought to be of the most digestible kind and small in quantity. In fact, all meals should be small ones for the asthmatic, distention of the stomach being harmful. The idiosyncrasies of the patient must, of course, be considered.

The Drug-Therapy of Asthma.—In considering the treatment by drugs, two divisions present themselves: those medicines which are intended to prevent asthma; and those which are useful when the attack is either threatening or actually in progress. A further distinction must be made between the cases that appear

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to be purely nervous asthma; those in which there is any degree of persistent bronchial catarrh; and those already mentioned, which occur later in life and may be attributed, on the one hand to blood conditions that we may for convenience call gouty, and on the other to the degenerative changes in the tissues.

Arsenic as a Preventive.—In the pure form of asthma, there is, in my opinion, no drug that is equal or nearly so, to arsenic as a preventive. It should be taken for three or four weeks, then omitted, then resumed after the same interval of time, and so on for three or four cycles. After that it should be taken from time to time, when the nervous centers show signs of lowered tone from any cause. It may be given internally in the form of Fowler's solution or the cacodylate of sodium or arsenate of sodium subcutaneously.

Bronchial Forms.—Obviously there is less benefit to be expected from medicine when at the root of the trouble lies a persistent bronchial catarrh or sinus disease. A suitable climate is the best remedy in such instances, a dry and bracing air being most favorable as a rule. Two drugs are given, however, often with much benefit; namely, strychnine and iodine, the first as a stimulant, possibly, to the respiratory center, and the second as an expectorant.

An eliminant treatment is best, on the whole, for the asthma that occurs later in life, it having been found useful to give a dose of calomel, perhaps with podophyllin, followed by a saline laxative, in conjunction with careful attention to diet.

Brine-baths, and systematic exercises such as those elaborated at Nauheim for the treatment of certain forms of disease of the heart, are often beneficial to asthmatics, by stimulating the circulation and facilitating the flow of blood thru the lungs.

But to relieve an attack, or to relieve the semi-asthma that either forebodes or lingers after an attack, we must employ other means. Many drugs have been tried with more or less success, first among which I should put calx iodata or potassium iodide, and lobelin; and second, perhaps, a combination of potassium iodide and chloral hydrate. At the onset of an attack grindelia robusta is often very useful, given every half-hour until relief is obtained. Very effective is the following prescription:

Ammonii iodidi .....drs. ii
Extracti grindeliæ robustæ.....min. xxx
Tincturæ lobeliæ .....dr. i
Tincturæ belladonnæ .....dr. i
Syrupi pruni virginiani.....oz. i
Aquæ destillatæ, q. s. ad. .....oz. ii

M. Sig. one teaspoonful three times a day.

Also, because of its relaxant effect on the bronchial musculature, an inhalation of amyl nitrite at the onset of an attack gives prompt relief, but the objection to its use is that the patient

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soon becomes accustomed to it, so that the limits of safety are likely to be overstepped in the increasing amounts necessary to procure the effect. And it is also contraindicated where there is arterio-sclerosis of marked type, thru danger of rupturing an artery.

An attack may be often lessened, or even aborted, by frequent doses of nitroglycerin (glonoin), say gr. 1-120, during the premonitory stage, or when the patient has engaged in some pursuit that generally gives rise to dyspnea.

Inhalation of spirit of chloroform combined with other antispasmodics may give relief when nothing else will, as the following:

Solut. Magendie .....dr. i
Fluidextracti belladonnæ .....min. xxx
Spiritus glonoini .....min. xxx
Spiritus ætheris compositi .....dr. i
Spiritus menthæ piperitæ .....dr. i
Spiritus chloroformi .....dr. i

M. Sig. Take twenty drops on a lump of sugar.

In some patients an inhalation of the smoke of cigarets made from dried grindelia leaves soaked in a saturated solution of potassium nitrate, seems to lessen the paroxysms and give relief more markedly than anything else. A cigaret may be composed as follows:

Hyoscyami foliorum .....gr. x
Belladonnæ foliorum .....gr. xx
Strammonii foliorum .....gr. xx
Pruni virginiani .....gr. x
Potassii nitratis .....gr. x
Aquæ, q. s.

Dissolve the potassium nitrate in the water, moisten the leaves and roll into ten cigarets, smoking three or four daily.

Again, a piece of blotting-paper may be soaked in a saturated solution of potassium nitrate and potassium chlorate, and burned, the patient inhaling the fumes.

In Severe Paroxysms,—so severe as to threaten life, a hypodermic injection of the following will secure quiet:

Morphinæ sulphatis .....gr. ¼
Atropinæ sulphatis .....gr. 1-120
Nitroglycerini .....gr. 1-120

Wrapping the chest in a hot mustard-pack, at the same time giving a hypodermic injection of hyoscine and morphine, brings quick relief.

Adrenalin is highly recommended by many for the relief of the paroxysms, but in my own experience the results have been similar to those following the use of the asthma powders—tho there is immediate relief the dyspnea recurs more and more frequently and severely until the effect refuses to appear. At present I should leave the employment of this drug an open question.

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Secondary Asthma.—Dyspnea may be brought on by exertion in chronic bronchitis, large, latent pleural effusions, in convalescence and in obesity, being especially persistent with dilated and fatty heart, increasing as the circulation fails. The relaxants are usually valueless in all these complicated asthmas, when the dyspnea is largly spasmodic, altho in part dependent on material obstructive lesions.

But glonoin affords certain and speedy relief, which usually may be confirmed and maintained by the simultaneous administration of hyoscyamine, pushed just up to the first indication of physiologic effect, in sharpness of speech or dryness of mouth; and to this it is always advantageous to add strychnine arsenate, which arouses the vital forces, bringing the reserves into action. The doses should be small, frequently administered, until the desired effect is attained. By applying mustard or ice over the right pneumogastric nerve in the neck the antispasmodic action may be aided.

The observations of Lerch, tracing as they do a connection between asthma and persistence of the thymus gland, and between asthmatic tendencies and splanchnoptoses, have laid open a new and interesting subject of study, serving to illustrate the truth expressed by Gross, that we should treat any abnormality which we may detect, whether or not we can trace any connection between it and the given malady. Also it shows that our diagnostic powers are widely increased by the employment of the X-ray and other modern methods.

In this connection I desire to call your attention to a frequent cause of bronchial asthma with suggestions as to treatment.

About five years ago I was interested in an article by Dr. Burton Haseltine of Chicago, published in *The Journal of Ophthalmology, Otology and Laryngology* on Obscure Sinus Disease in Relation to General Health. Among other diseases attributed by Haseltine to obscure chronic sinus infection was bronchial asthma. The following paragraph in the article impressed me strongly: "The pathology of asthma is still obscure and there is much doubt as to whether the chief cause is general or local. The attack itself is surely neurotic in character—having the nature of a nervous storm involving the machinery of respiration. The latest theory is that it depends upon an anaphylaxis to certain toxins. Such anaphylaxis is supposed to be due to prolonged exposure to various infections—and at last investigators are paying attention to the nasal sinuses which in this case should have been the first locality suspected."

I have since investigated, or have had some specialist examine every case of bronchial asthma in my practice with a view of ascertaining the presence of ethmoid, sphenoid or maxillary trouble, and I have been thoroly convinced that a

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large proportion of cases of bronchial asthma are due to nasal disease—not all cases of course, but a very large number are due to sinus infection. To my mind nothing is more definite than the relation between ethmoid infection and bronchial asthma in certain cases and nothing is more positive than the result of proper nasal treatment where such relationship is clear.

There are three distinct forms of ethmoid disease that may occasion asthma and the character of the treatment depends upon the duration of the disease and the form it has assumed.

The first is a simple deformity usually of the nasal septum unaccompanied by infection, but involving the ethmoid region of the nose.

The second condition is the one commonly known as nasal polyps. The pathology is a chronic non-septic ethmoiditis with increasing degeneration of the polypoid type and of which the tumors are but a superficial symptom. The degree of relief from treating this condition depends upon the completeness with which the diseased tissue can be removed.

The third type is one of chronic infection without polypoid disease and is slower in development. It may be secondary to one of the others but apparently not necessarily so. The relief of such conditions by modern intrasanal work is extremely gratifying, not only as to the disappearance of all asthmatic symptoms without other treatment but with a corresponding gain in general health and vigor.

I would earnestly urge you to have every case of bronchial asthma carefully examined by a nose and throat specialist if you are not competent to make such examination yourself and if there is sinus or nasal disease present have the conditions properly treated.

The treatment of these cases does not necessarily mean surgical treatment, for many of them are amenable to other treatment. By proper intranasal cleansing and with the argyrol tamponade as I recommended in my previous article on acute rhinitis, it is often possible to greatly benefit these patients without resort to surgery. I agree with Haseltine, who says that the ordinary nasal spray is an abomination, but the use of special apparatus for flushing the naso-pharynx and the interior of some of the sinuses is to be commended. Intranasal deformities that prevent normal ventilation and drainage are of course to be corrected. Sinus operation should only be a last resort, but when finally decided upon should be of a radical nature, as halfway operations are of little use in chronic conditions.

ATYPICAL ASTHMAS.

The term "asthma" must not be restricted to essential asthma, or even to the dyspneas attending conditions of the

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respiratory tract. Those which proceed from cardiac and circulatory diseases are equally true spasmodic neuroses, not explicable by the mechanical conditions. Any dyspnea, in fact, in which the spasmodic element predominates must be regarded as an asthma.

Emphysema.—Here there is a diminution of pulmonary aerating surface, but the difficulty of oxygenation is also enhanced by the spasmodic element which so frequently develops. This is also the case in fibroid infiltration; while comparatively small tubercular deposits may bring on asthmatic results out of all proportion to the extent of lung-tissue affected.

Anemia.—In maladies involving a loss of hemaglobin the dyspnea is constant rather than paroxysmal, altho, as in all forms of asthma, the paroxysm is likely to be induced by exertion. The more marked the spasmodic tendency, the slighter the physical effort to arouse it.

Renal Asthma.—In cases where the asthma occurs in patients whose kidneys are not eliminating sufficiently, or whose blood is poisoned with fecal toxins, the asthma may give warning of coming uremia. The form known as "air hunger," seen in diabetes, foretells coma. The following directions are applicable to the attack, not the condition:

Galvanization or faradization of the vagus for ten minutes is very effective.

Percussion of some of the respiratory centers located in the spine. Percussion may be produced by tapotement, by a percussion-hammer, by a powerful interrupted douche (preferably cold), and by static sparks.

Derivation to the lower extremities, including Father Kneipp's plan of walking in the wet grass.

Thoracic gymnastics (Swedish method), the object being to intensify and prolong inspiration and shorten expiration.

Thermic shocks may be safely administered when the heart is sound, tho a plunge-bath, which is often remarkably effective in breaking up an attack, is not wholly without danger, all general reactive applications of heat and cold following the same rule.

Reflex Asthma.—The term, "nervous irritation," admitting as it does of very wide application, may serve as a veil of ignorance to conceal some form of autointoxication, the asthmatic attack being due to toxemia which affects a nerve-center or a nerve-trunk. Frequently the vagus is the direct seat of irritation, and sometimes asthma co-exists or alternates with other neuroses, like epilepsy, angina pectoris, etc. Also asthma has been traced to the presence of nasal polypi and sinus disease as above mentioned, and their interference with respiratory function, and menstruation sometimes leads to it. Of course, psychic factors play their part in this disease,

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and the relation of asthma to certain metabolic disorders, as gout, skin diseases, rheumatism, etc., is well known.

Learn the Cause.—In each case the therapy must, of course, be suited to the particular cause. The removal of the nasal polypus; the healing of the dilated stomach or the prolapsed bowel; the toning up of the heart's action; the study of the therapeutic indications in renal diseases and the application of them, these will relieve the gout, the rheumatism, etc., when the asthma will disappear of its own accord.

Asthma and Tuberculosis.—It is known that, because of the passive congestion of the lungs which is found in asthma, a victim of asthma scarcely ever contracts tuberculosis, which as a rule does not develop wherever there is chronic pulmonary congestion, such as heart disease, renal trouble, chronic bronchiectasis, etc. This is a classical example which furnishes the therapeutic indication for Bier's hyperemia in such a variety of conditions. Bier's hyperemia induced by a suction-mask has been found of considerable value in some cases of pulmonary tuberculosis.

Failures in Treatment.—These will be due to renal insufficiency and toxemia. The asthmatic attack should be regarded as a warning that the kidneys, liver and colon need investigation, to heed which is to avoid an error all too common; namely, that of treating the symptom to the neglect of the cause. It is the persistent failure of liver and kidneys to eliminate their full quota of solids that matters, not merely the loss of a little albumin. A daily output of 1200 grains of urinary solids dropping to 300 grains is a serious matter. The aplomb of many an attending physician has been severely disturbed when an asthma, which has resisted all his remedial efforts, has been ended accidentally by a free catharsis.

Contributed to THE CRITIC AND GUIDE.

PHYSICAL CULTURE versus MUSCULAR CULTURE.

BY LAWRENCE IRWELL, B. C. L.

It is true that the term "physical culture" includes in its wide horizon the minor term "muscular culture," but it is equally true that the latter phrase is not by any means the paramount factor in the former as many people apparently believe.

A man may have a gigantic muscular development produced by set movements and systematic exercise, yet he may not have physical strength at all in proportion to his muscles. It is desirable, therefore, to avoid over-estimation of mere quantity of muscle, and to look to quality of fiber and nerve force for that invaluable acquisition — general physical power evenly distributed thruout the body.

Altho immense muscles and well-proportioned strength may go together, it is nevertheless a fact that with the majority of men

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size of muscles is not a satisfactory criterion of bodily condition, for arms, legs or chest can be brought to proportions which are abnormal. This state of the body represents "Muscular culture." By general exercise of the entire body, a good development of the arms, in common with an equal development of other parts of the system may be secured. This is representative of true physical culture.

As the extent of the muscles alone does not indicate the actual condition of the body, very little is gained by trying to obtain huge forearms — except as a show method of favorably impressing uneducated audiences — when a far better development of the whole frame can almost as easily be acquired, and is much more conducive to health. Every one must admit that possession of a well-exercised and strong abdomen and a fair-sized arm — not an arm specially trained to lift very heavy weights — is superior to a gigantic biceps and a partially neglected abdomen, with its attendant internal derangements. Fortunately, however, there is no reason why every normal being should not acquire physical culture by gradually exercising every part of the body, both internal and external. There are reasons, on the other hand, why the practice of "Muscular Culture" alone should be avoided. For example, the excessive development of one organ is almost certain to weaken some other organ. Altho the writer is not a physician, but merely a life-long student of hygiene and vital statistics, he ventures to assert that this proposition cannot be successfully challenged.

There are various kinds of strength. A man may have powerful external muscles without being strong in the strict physical strength. He may be able to force great weights into a compartment higher than his head, yet he may have extremely weak intestines, and consequently indifferent health. Similarly, a stevedore possessing a mighty frame and great muscles may have within his massive chest-walls a heart of inferior caliber.

It may be argued that most stevedores, and other manual workers with their burly forms and well-developed sinews, do not appear to suffer from organic weakness notwithstanding their constant employment of some special set of muscles. But the general condition of these men as a body is far from ideal; in longevity they do not compare with Jewish workers whose physique is as a rule far from good, and who often toil in poorly ventilated shops, but who seldom die of phthisis altho numbers of them suffer from the disease. Nobody who is familiar with the facts would point to the men who have great muscular strength obtained by hard labor at their occupation as examples of hygienic perfection. They are bread-winners before everything else, and, speaking generally, other considerations receive little attention from them. Good health, long life, and painless death are matters with which they do not seriously concern themselves until those blessings are forced upon their notice by sickness or some other calamity.

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Assuming that an individual succeeds in making himself into a muscular structure equal to that ascribed to Hercules or Vulcan —the final result of much arduous and lengthened training— the benefits that accrue are limited to the enhanced power and size of the muscles; and altho it is true that "the glory of man is his strength," this cannot correctly be interpreted to mean mere muscular force as exhibited by the elephant, for man aims at a higher standard than can by any possibility be attained by that ponderous animal. The real glory of man lies, of course, in his mental as well as in his physical capacity.

The mere cultivation of muscles does not affect the growth of brain faculties in like proportion, or the acquisition of huge muscular strength would be a most worthy goal for all humanity to reach. "Physical culture" in its best sense aims not only at an all-round development and organic fitness, but also at the advancement of mental power thru strengthening of brain cells. There is abundant evidence that the nerves may be toned and kept in normal condition by judicious systematic exercise. Altho such faculties as thought, perception and will are intangible, yet the source from which they emanate is material, and few investigators deny that the mental faculties can be strengthened by the regular training of the whole body.

There exists an impression that physical culture involves either a gymnasium or a small collection of apparatus. No doubt the more appliances one possesses, the less is the probability of the various exercises becoming monotonous, a condition which must be reckoned with in prolonged training if one wishes to obtain the maximum of benefit. Apart from this fact, however, there is no necessity of a man to surround himself with diversified muscle-spinning machines, altho they are valuable aids when judiciously used.

Nature has bountifully supplied within the scope of our own persons the means whereby we may acquire and retain a satisfactory standard of physical proficiency and health—that is, by the action of the limbs and trunk in spontaneous free movements. If any one is disposed to ridicule the seeming absurdity of utilizing empty hands as "physical culture" agents, and in corroboration of his contention points to the methods of well-known athletes, the answer is that the usual *regime* of these persons is much more muscular than physical, and that their strength is, in many instances, only along the lines of their specialty. Speaking generally, and with due regard to the exceptions which prove the rule, athletes are not remarkable for their longevity.

In the case of novices, a great deal may be said in favor of appliances, because the power of suggestion plays an important part whenever the human mind is concerned. The mere sight of the apparatus, with the subsequent innovation of working with it, is a cogent stimulus to the operator's idea that great

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possibilities and advantages will eventually ensue. He is consequently enthusiastic for at least an appreciable time. If the same student were required to perform exercises named by an instructor without any apparatus, he would, in most cases, shirk them. After a brief period, the monotony of the movements would be likely to create an antipathy to the work before he had become interested in it, and while he was still imperfectly acquainted with it. As a consequence, the movements, the benefits—and, possibly all exercises—would soon cease. Nevertheless, this does not detract from the fact that exercises without appliances, if reasonably prolonged, are of inestimable value, and should be regularly indulged in by all young people and by most middle-aged men to whom a gymnasium or apparatus is denied.

Briefly summing up the preceding argument, the term "physical culture" should be understood to be broad and far-reaching. It does not mean that any stereotyped formula is necessary, or that any recognized instruments are required. It is not a fad, demanding cultivation of special sections of the body. It consists of the regular, active employment of every part of the entire individual from his intellect to his feet so that during the prime of life he will approach the ideal man by having in the strictest sense a sound mind in a sound body.

Contributed to THE CRITIC AND GUIDE.

CARING FOR THE EYES.

BY L. E. EUBANKS.

It is unnecessary to remind any intelligent person of the value of eye-sight. None of us is so ignorant or dull as not to appreciate the fact that next to life itself sight is our greatest blessing.

There are about two and a half million unfortunates who cannot see this beautiful world in which they live. Blindness is said to be less common in America than abroad, but statistics show that more than 300,000 persons in the United States alone wear glasses. Deplorable indeed, when we reflect that in most cases blindness could have been prevented by proper care of the eyes. It seems incredible that rational beings should abuse such a function as sight, but the fact remains that we do. It is not always ignorance; for most people are familiar with the rudiments of eye hygiene. We do not think, that is the trouble; we wait till something is wrong before we put our knowledge into practice.

General conditions come first. General health and the condition of the eyes are closely related. Convalescents nearly always find their eyes weak. They should not be permitted to strain the sight; lasting injury may be caused at this time. If they read, it should be for only a short period at a time, the light should be good, without any glare, and come from over

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the reader's shoulder. A patient ought not to read in the prone position—no one should; the retina is accustomed to receiving horizontal light rays, and a reclining position develops new and painful light-angles. No sick person should be forced to lie for hours facing a light; usually the bed can be placed so as to avoid this.

The conditions under which one does his daily work, the lighting of the work-room, etc., come under this general aspect, but adequate treatment of this point would require more space than we can give it in this short article. Those constant conditions—your daily life and habits—have to be salutary if the eyes are to remain strong and beautiful. They can stand an occasional strain, but we should strive to reduce this to a minimum, and decisively refuse to tolerate any constant deleterious conditions. Look well to artificial lights; we have to use them, of course, but we should by proper arrangement, shades, etc., reduce injury from them as much as possible. Human eyes long ago complained of the effect of an 8 candle power light; what may we expect from the high power illuminants of to-day, when 3000 candle power is not at all uncommon!

The greatest of all treatments for the eyes, the measure best calculated to keep them strong and efficient, as well as restore them when overdone, is sleep. Nothing can take the place of this. Even the sufferer from insomnia may refresh his eyes by closing them and lying quietly in a darkened room. Such rest is the next thing to sleep; in fact, 10 hours of it are said to equal 6 hours of real slumber.

I rank sleep above glasses, because I have known of several cases where the latter were laid aside when reformation in sleeping habits had been effected. But when the eyes themselves are defective, lenses are indicated, in most cases. Those who for any reason refuse to wear glasses when they need them, are certain ultimately to pay dearly for their indiscretion. Under certain conditions, everyone needs them. He who day after day subjects unprotected eyes to the sun's glare on snow or water is taking serious risks. Tinted glasses should be worn; or if the wind is annoying, automobile goggles should be used. A special glass is being made now for the motion picture habitué. It reduces the flicker and tones down the reflected light from the screen.

It cannot be too often repeated that only expert specialists should be allowed to "tamper" with the eyes. Over-faith in home remedies has allowed more than one case of iritis (mistaken for "pink-eye" or "conjunctivitis") to reach the hopeless stage; and the foolhardy custom of buying eye-glasses at the "10-cent store" has seriously injured countless eyes. But it is very true that much can be done by the layman for his own eyes. Simple inflammation—if inflammation can ever be so termed—tired eyes, etc., yield very readily to home treatment.

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Chief among these simple measures is the eye-bath. After a day of eye-straining work there is nothing more refreshing to the tired organs than this: Dissolve a teaspoonful of boric acid in a small glass of hot water. In the recumbent position, one may squeeze it into the eye with a sponge or small cloth; but an eye-cup is far preferable, and costs but a trifle. Do not be afraid of hot water; have it as hot as can be comfortably borne, throw the head well back, and roll the eye about thoroly, opening and closing it many times. This may be repeated several times during the day, it clears vision wonderfully. Keep the glass carefully covered when not in use, and rinse out the cup with boiling water each time before using it. The wash should be made afresh each day; and it is not at all expensive.

Another eye-bath which has produced good results is composed of 10 grains of boric acid, 5 grains of tannic acid, and one drachm of camphor-water, with enough ordinary water to total one ounce.

While it is the height of folly to put anything into the eye with an idea of giving it permanent size and brilliance—like belladonna, the following preparation seems to lend a transient brightness, and its effect is wholly favorable: Sulphate of zinc 5 grains, powdered alum 5 grains, distilled water 6 ounces.

Even alone, water is highly beneficial to the eyes. Many times in remote situations it has proved its value. Explorers tell us that one reason why glasses are so little needed in some countries where the people live outdoors is the custom of diving and swimming with eyes open. Clear cold water is excellent as a morning tonic for the eyes. Used with the eye-cup, it "braces" the eyes splendidly for the day's work. Some oculists depend greatly on cold water in the treatment of amaurosis (partial loss of vision without apparent organic defect.) The face is so immersed that the eyeball may be thoroly laved, and this is repeated several times a day. It takes weeks or months, but in many cases the optic nerve finally gives some response to the stimulation. Alternate application of hot and cold water improves the circulation in dim, lusterless eyes, and benefits the eye muscles.

Generally, special exercise for the eye should be under competent supervision. Tho a simple matter in itself, one should ascertain that he has no eye defects which may be aggravated by certain muscular movements. I heard of a case where a cross-eyed girl greatly increased her trouble by misdirected effort, tho eye exercises when well adapted to requirements are wholly practicable and beneficial.

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Contributed to THE CRITIC AND GUIDE.

MASTERING TIMIDITY.

BY ONE WHO DID IT.

It is a fact familiar to all educators that many children are seriously handicapped by self-consciousness. What is not so well known is that the trouble does not necessarily end with the conclusion of adolescence. Adult victims suffer far more keenly; the knowledge that the world finds less excuse for them than for youngsters greatly increases the discomfiture and tends to aggravate the cause.

In my case, self-consciousness amounted to a disease—nothing less. As a "kid", I was much like other boys, but extremely sensitive. With the beginning of puberty, I seemed to lose all self-control. School work was simply agony and I dodged it in every possible way. To have the eyes of the class on me or for the teacher to address me individually was painfully painful; the blood would mount to my face and extreme dizziness nearly blind me.

I am sure that the only thing that ever saved me was a penchant for mental science. I studied my condition, and tried to get at the facts. At the time, introspection doubtless increased my nervousness, as any kind of mental effort is inclined to do; but ultimately the study of self and psychological rudiments enabled me to conquer self.

One thing I learned very early was that girls and women suffer less from self-consciousness than do their brothers. Subsequent deeper study has confirmed this observation, as it has my theory of those torturous years that a blush was more a cause of embarrassment than an effect. Many times I noticed that if I could keep from blushing I did not get confused; so I set about to hold the blood circulation in the extremities. This experiment was partially satisfactory in that I learned to do whatever I must soon after entering the house. The effect of the outer air and muscular exercise "saved" me if I could "do my do" before I had sat too long and grown nervous.

It was but a step from this discovery to the inference that sound, robust health was an important weapon against my enemy. Being fond of athletics anyway, I worked hard to perfect my physique. I built muscle and health; but at twenty years of age had to confess that the benefit of physical training for self-consciousness was principally negative; that is, it had prevented my getting any worse.

I learned that sexual health, normality, was of preeminent value, that sex-consciousness and general self-consciousness were closely allied; that clean sex habits were of immeasurable importance.

I delved deeper into the mental phase, reading a great

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deal on psychology, and experimenting. I attended everything exhibiting amateur talent, and tried to analyse my feelings toward the embarrassed actors. Did I condemn them? No. Did I sympathize? Yes, in a cursory way. Why cursory? Because *really* there was nothing serious about it, and because there were a number among whom to divide my sympathy. To test the impartiality of my view, I discussed one particular entertainment with a friend. He did not even recall the little weaknesses of the actors which I had noticed. So my deductions were something like this:

One's audience is not interested in him individually. They have others to think of, and "troubles of their own." No audience is unanimous in judgment; I will have some detractors at my best, and some supporters at my worst. That in view of this, that an assemblage is made up of individuals, a crowd is no more to be dreaded than if faced one at a time. My study of the audience end of the situation taught me, too, that its predisposition is favorable; every normal man to see his fellow-man succeed.

At the first opportunity I tried out these principles and found them helpful, tho I was still greatly hampered by nervous embarrassment. I studied my weakness, and built up a philosophy for the victim's end of the situation.

Recognizing the fundamental fact that people see in us only what we permit them to see, I decided to hide timidity behind aggressiveness. I overdid this a few times, but I proved that a man is taken at his own appraisal. When I assumed to be master of the situation I was accepted as such, and as soon as I saw that Iwas "taken seriously" I grew calm.

Thru some freak of irony, I was regarded as a good story-teller, and to be asked to tell a story "in company" was my particular agony—probably because of the consciousness that something extra good was expected of me. In the early stages of my battle with social timidity I used the cruelest kind of "goat-getting" system. Immediately, while I was yet bolstered by the outside air, I would fall on some person whom I judged —intuitively, I suppose—to be as timid as I. By "outgaming" him, I seemed to derive a peculiar strength, much as the ancient Norse warrior absorbed the prowess of each slain victim. But I was ashamed of this plan and soon abandoned it.

I found that interest meant much; when I forgot my appearance and fallibility, self-consciousness slunk out of sight—only to appear again when I suddenly realized that I was attracting favorable attention. Right here is where the seriousness of the complaint comes in: it so inhibits one's powers that the real man is never seen; he himself doesn't know what he can do. I took for my motto, "Think of the work, not of the worker", and strove to be intensely interested in whatever I did or discussed.

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Physical tension always accompanies self-consciousness. I trained myself to avoid it, and just "go loose." This has an immense practical value, as it actually saves the nervous energy. Along with tension goes the habit of holding the breath; there is an erroneous impression prevalent that suspension of respiration facilitates the control of voice and steadies one. The exact contrary is true; holding the breath quickens the heart's action, lashes it into wild effort, and throws the whole organism into panic. This is a point of vital importance to every sufferer from self-consciousness.

Another little thing I learned by experience: Looking at your companions, or the audience, is a great help. The usual advice not to do so is impracticable and unscientific. I have always observed that those who avoid looking at their hearers lose their nerve immediately. We fear most what we cannot see. The timid person *must* learn to hold up his head and "face the enemy."

"Nothing succeeds like success", it has a cumulative value. Build on each victory; thinking how easy it is makes it easy. Struggle and you will win.

Written exclusively for THE MEDICAL CRITIC AND GUIDE.

MEDICAL PROFESSION TO AID LIBERTY LOAN CAMPAIGN.

BY JOHN PRICE JONES,
Assistant Director, in Charge, Press Bureau.

A special appeal is being made to members of the medical profession thruout the country to support the Third Liberty Loan, which will open, according to unofficial dispatches from Washington, on April 6. This is the first anniversary of our entry into the great world war.

Two general canvassing methods will be followed out in different parts of the nation. Physicians will either be asked to subscribe by house to house canvassing committees, or their subscriptions will be received by some central organization or society.

In New York City, medical men will come under the Rainbow division, composed of eighty-three professions, trades and industries. It has not been definitely decided whether physicians will be personally interviewed by members of a sub-committee of the Rainbow Division, or whether they will receive a mailed communication setting forth the main facts of the loan.

The latter plan was pursued in the Second Liberty Loan campaign.

Secretary of the Treasury William McAdoo has not announced the total amount that the nation will be asked to raise, or the rate of interest that will be attached to the new bonds.

All over the country the preliminary, or educational work

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is now going on in anticipation of the drive. By the first of April every city and town will be "papered" with advertising literature. The story of the loan will be told from sign board, house top and church steeple. Posters will be displayed in every prominent building and a thousand and one ingenious contrivances (such as special laundry tickets, book marks, office water bottle pasters and miniature clocks) will be distributed to bring the business man face to face with loan facts every hour of the day.

Churches, schools, societies and fraternal organizations will discuss loan topics at their meetings. Grocery and drugstores will provide the housewife with suitable loan literature on her daily round of the market.

There is greater need than ever before that the coming issue of bonds shall be over-subscribed. All during the winter the Germans have been massing on the western front. Our armies under Gen. Pershing must have the best equipment that money can buy to resist the determined effort of the best drilled forces in the world. There must also be fresh funds for loans to our allies.

Loans to England and France totaled $4,000,000,000 during the first ten months of the war. During this period expenses for equipping our army and navy were $3,100,000,000. These expenses have been increasing during the past quarter of a year at the rate of $100,000,000 monthly. They will continue to mount steadily.

If we can successfully oppose the supreme efforts of the Teutons during the summer, Hindenburg, Ludendorf and the other war-lords will not dare to ask the long suffering German people to make further sacrifices in money and blood. If, on the other hand, the adversary can pierce the French and English lines, the junkers will ask their people to hold out a little longer in the hope of ultimate victory.

Halazone.

Dr. E. K. Dunham and H. D. Dakin (*Brit. M. J.*, 12, 15, '17) have made a series of experiments to ascertain the keeping properties of halazone tablets. These are the results: Halazone tablets prepared from thoroly dry materials, using sodium chloride with either borax or sodium carbonate and preserved in amber bottles, will maintain their germicidal efficiency at temperatures up to 32° almost unchanged for five months, and should be serviceable for considerably more than a year. Prolonged exposure to temperatures constantly maintained as high as 40° to 50° C. will reduce their efficiency by about one-half in three months. To determine the toxicity of halazone the writers have fed rabbits for many weeks with doses of 100 to 200 mg. per day without observable symptoms. The quantity of halazone needed for the sterilization of a quart of water being only 4 mg. (1/16 gr.) the writers regard the substance as perfectly innocuous.

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Therapeutic Guide

Bleeding during Pregnancy.

Dr. James Lincoln Huntington (*Interst. M. J.*, Dec., 1917) argues that bleeding at any time during pregnancy is a symptom of gravest import, demanding immediate careful investigation. If there is evidence of an ectopic gestation, such as a boggy mass in one or both vaults with a slightly enlarged uterus, early laparotomy should be done. Where evidence is lacking, the patient should be kept under close observation. If there is a definite cause seen for bleeding during early pregnancy, such as trauma, overexertion, excitement, but any indication of pain or tenderness in the lower quadrant is absent, the vaginal examination may be put off, but the patient must be kept under close observation. Flowing, no matter how scant, should always necessitate absolute rest in bed under close observation, with morphine if the flowing continues and if there are uterine contractions, until all flowing has ceased for at least three days. Then get the patient up and about at the end of eight days, and make a vaginal examination to ascertain that the uterus is still pregnant and in its normal position. When the flow continues or becomes profuse, curettage should be immediately performed. At the first evidence of infection the uterus should be cleaned out; after this a swabbing out with iodine is advisable. If there is clear evidence of a complete miscarriage in the first or second month of pregnancy, rest in bed to favor involution may be all that is necessary. In the fifth and sixth months the curette should rarely be used, and then most guardedly; the finger being the instrument best fitted. After the first half of pregnancy, placenta previa must be considered the most serious emergency. The symptoms consist in painless bleeding; sometimes with a minute show, occasionally profuse. The greatest gentleness and caution in making the digital examination is of the utmost importance. When a boggy mass is found in the lower uterine segment between the wall of the cervix and the presenting part, the only treatment is the prompt emptying of the uterus. Hospital surroundings are highly desirable. Manual dilation of the cervix is dangerous and should only be chosen where the os is very dilatable. Bipolar version should be reserved for cases where the baby's chances are negligibly small. The Voorhees bag offers a better chance for the baby and its technic is simple. Vaginal Cesarean section is unsuited for cases at term and is contraindicated wherever the placenta site includes the anterior lip of the cervix. In the writer's opinion, abdominal

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Cesarean section offers the best solution in all primiparæ and multiparæ not in labor whenever they are still in good condition and the child is alive and viable—provided there is no infection from vaginal manipulation. In premature separation of placenta the gravity of the emergency must be realized and the imperative necessity for a prompt diagnosis and the immediate emptying of the uterus where the symptoms are progressive. Under a partial separation attended with but little bleeding, absolute rest under closest observation may be all that is necessary; the general condition and the amount of blood lost are the deciding factors. When the condition is serious and the bleeding copious, the baby is of course dead, and the problem is how to save the mother. The condition of the cervix must indicate the proper proceeding. In a multipara with a soft cervix and some dilation, the vaginal route is the easiest, unless there be evidence of toxemic complications when laparotomy is better so that in case the uterus is atonic, hysterectomy can be resorted to as the only means of saving the patient. When symptoms of toxemia are absent, the patient's condition fairly good and the cervix but slightly dilated, a bag may be used. Where the patient is not in labor and the cervix unchanged, Cesarean section is indicated. In a primipara, unless the cervix is entirely taken up and very soft, Cesarean section is the only operation to be considered. In all cases, time is an element of the greatest importance, as often a few hours are decisive between a successful outcome and death.

Chilblains.

If the feet are affected, woolen stockings should be worn, tight shoes avoided; affected ears and hands must be protected. The affected parts must never be placed in front of a fire after being exposed directly to the cold. Fingers and toes must be bathed daily in cold water, dried with flannel, and a solution of one part iodine to two parts soap liniment applied. If oil of turpentine is applied it should first be mixed with an equal part of olive oil. Itching will be relieved by the application of an ointment consisting of 1 dram of powdered camphor and 4 ounces of petrolatum.—*The Treatment of Emergencies.*

Epilepsy.

Dr. William T. Shanahan (*Interstate M. J.*, Dec. 1917) believes that two to three per every thousand of the average population are epileptic. A hereditary defect may be transmitted and create a predisposition in the individual and epilepsy brought out under unfortunate environment conditions. Many an epileptic is the result of some destructive agent during intrauterine life. Obstetrical or subsequent trauma of the brain, scarlet or typhoid fever, measles, sunstroke, changes in cerebral vessels, etc., are among the etiological factors. Syphilis, hereditary or acquired, seemingly produces epilepsy in only 2 to 3 percent of those having the disorder. The essential attribute

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of an epileptic seizure is not the convulsion but the temporary impairment or loss of consciousness. Automatism, frequently subsequent to minor seizures, is usually unrecognized and consequently many an unfortunate epileptic has been unjustly arrested and punished. The patient has, as a rule, a total amnesia for the automatic process and is not cognizant of what transpired during such period. An epileptic may be a congenitally mental defective, or he may have been normal and subsequently deteriorated to such an extent as to become completely demented.

The first principle of therapeutic aid to the epileptic is the establishment of a natural and simple rule of life. A great deal can be done by placing these individuals in a suitable environment so that there will be less injurious stresses acting upon them. The general application of common sense, hygienic and dietetic measures, persistently carried out over an indefinite period with the correction of all abnormal and mental states, must be given thoro attention. No epileptic should ever be allowed to use alcohol. In the writer's opinion, sedatives, such as bromides, too often but mask the symptoms, arouse false hopes and tend to a letting off in the basic readjustment of living conditions necessary to the wellbeing of an epileptic. While the surgical treatment may have its place, much injury has been done by irrational procedures. In an individual with unstable nervous system and an abnormal functioning of other vital parts, it seems absurd to expect from a surgical operation the complete restoration to a non-epileptic state.

Opium in Shock and in Exophthalmic Goiter.

Not only the shock which results from physical trauma but psychic shock as well may be mitigated by the administration of opium. Before the days of anesthesia heavy doses of laudanum diminished not only the pain but the dread and struggles of the patient to whom the solace of unconsciousness was denied. During the French revolution the public executioner gave opium to his victims to diminish their struggles and protests. When under the influence of opium, a cat will not spit at a dog; a rabbit has no fear. Under opium no one is either brave or a coward, but is in a negative state into which psychic stimuli cannot penetrate. In cases of exophthalmic goiter the administration of opium will minimize or prevent the hyperthyroidism due to psychic or physical trauma. In extreme cases of Graves' disease, however, morphin is unsafe, since it will further retard the already failing acid-neutralization.—GEORGE W. CRILE: *Man An Adaptive Mechanism.*

Focal Mouth Infections.

Dr. Robert H. Babcock (*N. Y. M. J.*, 12, 2, '16) points to the close relationship which may exist between alveolar abscesses and systemic disturbances. He found clinical corroboration of

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his hypothesis in the following cases. I. A. woman, aged 52, invalid for two years because of general asthenia and weakness of the heart. Ten days prior to consulting the writer, she had suffered such lameness of the muscles of the extremities and shoulders as to render her incapable of rising and turning in bed unaided. Examination of the heart disclosed no murmurs, but feebleness of tones, a moderate increase of dullness to left, with a systolic blood pressure of 130 mm. Hg. Temperature 99.2° F.; leucocytes numbered about 17.000. Urine negative. Anamnesis free from acute infections. The existence of one loose tooth in lower jaw and of one crowned tooth led to x-ray examination which disclosed a large alveolar abscess. Three teeth were extracted and the abscess cavity evacuated of a frightfully smelling pus. Cultures showed Streptococcus viridans and an anaerobic fusiform bacillus. Under autogenous vaccines and other treatment improvement proceeded slowly until several months later when another abscess in the upper jaw was discovered. At last report she was still somewhat lame, but going about quite free from cardiac symptoms. This experience convinced the writer that films should be made of all the teeth.

CASE II. Man, aged 31, because of aginoid chest pain had been told he had angina pectoris due to coronary sclerosis. His pain was so intense that he was compelled to desist from walking. There was no history of acute infections, and two Wassermanns had been reported negative. There were no murmurs, but moderate dilation of the heart to the left, feeble tones, and a marked fall of systolic pressure after hopping in the writer's office. X-ray examination disclosed an alveolar abscess, and a marked dilatation instead of contraction of the heart after exercise. The extraction of two diseased teeth, the employment of autogenous vaccines made from the pus, treatment of the heart by rest and digitalis resulted in compensatory hypertrophy and the almost complete disappearance of pain, so that he could walk with but slight discomfort. Muscular tenderness persisted, but no longer suggested coronary angina.

CASE III. Physician, 52 years old. Main facts of history: Tonsillitis, acute articular rheumatism, and complete freedom from such joint attacks since a tonsillectomy six years ago; a chronic arthritis of the sacroiliac synchondrosis necessitating the persistent wearing of a back support; two attacks of acute dilatation of the heart, the last one about two years ago, followed by a low blood pressure and urinary findings suggesting nephritis; evidence in December, 1915, of moderate myocardial incompetence, with slight enlargement to the left, considerable general asthenia, and moderate stiffness and lameness of the muscles and joints. Examination of the teeth disclosed such a truly shocking condition as to necessitate the removal of all but four or five teeth in the lower jaw. The pus yielded Streptococcus viridans. The patient underwent treatment addressed to a restoration of

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cardiac efficiency with the result that he is now free from symptoms referable to his heart, and has resumed his practice. He is gradually losing his muscular rheumatism and his back is far less painful. The writer believes the mouth infection played a distinct rôle in this man's ill health. In several patients the writer found spasmodic asthma caused by alveolar abscesses. In conclusion the writer states that the successful therapeutics of such cases must suppose the total eradication of the infective focus and the employment of vaccines made from the contents of the cavity.

Arteriosclerosis.—A Mirror of Modern Life.

The literature on the etiology of arteriosclerosis is a long record of superlative stimulations and deep depressions—a story of great risks taken and great losses borne; of heavy burdens carried and long strains endured; of vast responsibilities assumed; of excessive dissipations; of chronic infection; of autointoxication; of overindulgence in food and intoxicants; of great joys and great griefs; of hopes, anxieties and despair. It is essentially a story of the modern world; of power and progress and success; of liberty and their antitheses; of mental tolerance combined with bitter, crushing oppression. The contemplative scholar of the Middle Ages, the bucolic Swede, the wandering Scotch bard, the Italian peasant probably rarely knew arteriosclerosis, except as the logical accompaniment of a ripe old age. The director of vast financial enterprises, the man who holds the fates of thousands in his hand, he who carries tremendous physical burdens; the Chinese coolie, the Japanese rickshaw man, the athlete of the western world; the emotional American, the excitable Jew, the bank president, the bon vivant—these are the men whose days are shortened by early hardening of the arteries; who preëmpt to themselves the cardiovascular and, likewise, the cardiorenal diseases....Among animals the high-spirited wild animals in captivity, the mettlesome race horse, and the dray horse, fretted and driven often beyond its capacity, are frequent sufferers from cardiovascular disease. The somnolent, unfettered cow is exempt.—GEORGE W. CRILE: *Man—An Adaptive Mechanism.*

Treatment of Neuritis due Probably to Autointoxication.

In *Clinical Medicine,* December, 1917, G. N. Murphy relates that in January of 1916, he had a severe attack of neuritis of the left shoulder and upper left arm. For the first few weeks he did nothing for it, hoping that it would pass away spontaneously. Instead of that, he grew worse. He was treated with electricity, for several weeks, without benefit. Then he tried gelsemium, iron, strychnine, quinine, and sulphocarbolate for about four weeks, but his condition did not improve. The neuritis had progressed so that his wife had to assist him in dressing, while he was in pain all the time. He was suffering from chronic

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bronchitis, and had frequent attacks of intercostal neuralgia; also nervous attacks, coming on suddenly and lasting for several hours, accompanied by heart palpitation and profuse sweats. He suspected that auto-intoxication was the cause of his ailments and set about to seek a remedy. He tried to find an antiseptic in direct mechanical contact with the contents of the bowels. Then the thought occurring to him that Russian oil would be the right thing, he formulated the following prescription:

Creosote	drs. 3
Carbolic acid	dr. 1
Oil of turpentine	drs. 4
Oil of cloves	drs. 4
Oil of cinnamon	drs. 2
Menthol (dissolved in alcohol)	grs. 30
Liquid petrolatum	ozs. 32

Label: Shake well, and take one tablespoonful three times a day, followed by a brisk saline purge each morning.

He took 3 spoonfuls a day for only about one week. He then reduced the dose to 2 spoonfuls a day for a week, and then to one spoonful a day, to the end of the course—five months.

After the first three weeks of treatment, he dropped the saline purge to twice a week. The writer says that from the beginning of treatment, he had very little pain in his arm and shoulder, and was rapidly gaining the use of both. The improvement was steady to the end, and he not only was cured of his neuritis, but of all the other ailments, and today he is in a good state of health.

For Pruritus Ani.

Dear Doctor:—In your June, 1917, issue under the caption of "Therapeutic Guide," Page No. 227, you have the "Treatment of Pruritus Ani," and recommend to begin with a bland ointment such as Lassar's (equal parts of zinc oxide, starch, lanolin, and vaseline) with or without 2 per cent. salicylic acid.

In reference to Pruritus Ani, I beg to say that the most efficient remedy I know for same is: 50 per cent. of vaseline with 50 per cent. of powdered boric acid, mixed thoroly.

Try it and you will soon be convinced of its efficacy. The above combination might also prove of value in the treatment of pruritus vulvæ.

H. L. HARRIS.

Anemia from Hemorrhoids.

(Profound Secondary Anemia due to Ulcerated Internal Hemorrhoids.)

Dr. J. F. Saphir (*N. Y. M. J.*) presents three cases of profound secondary anemia which show the effect of neglect of patients who pass blood with the stools.

CASE I.—A man, aged 24 years, noticed blood with his stools

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for the past seven or eight years; the past two years he passed blood with every stool; on straining at stool, he noticed protrusions with blood and mucus, from four to six stools a day. April 26, 1916, examination revealed proctitis with ulceration and ulcerated internal hemorrhoids. His proctitis was relieved by irrigation treatment. He then had but one movement a day, but he still passed blood. The writer did not see him until June 9th when he returned to be operated upon. He complained of general weakness, shortness of breath, cardiac depression and presented the appearance of one suffering with malignant disease. His lungs were negative, his heart presented a cystolic murmur. He was placed under tonic treatment. Being in a too weak and exsanguinated condition to be operated upon, on June 15th he received a blood transfusion of 1,100 c.c. from a healthy male adult. He began to show immediate improvement, but bleeding per rectum persisted. June 29, a ten per cent. solution of quinine and urea hydrochloride was injected into the hemorrhoids, to check bleeding. As hemorrhage stopped after first injection and hemorrhoids began to shrink, the writer followed up with injections, July 3rd and Aug. 25th, with result that hemorrhoids shrank and were absorbed, bleeding ceased and no operative measures were indicated. The man has now good color, attends to his work and has gained eleven pounds in three weeks.

CASE II.—A man, aged 62, merchant, admitted on Sept. 9, 1916, gave a history of operation for hemorrhoids two years ago. Felt well for a year. During the past year he again noticed bleeding which got worse daily. During the last three months he lost very much blood per rectum and had pain at every defecation. He now complained of bleeding per rectum regardless of stool. He was dizzy in the head and felt weaker every day. He was pale and anemic, and had a cadaverous look as if suffering from a malignant disease. His rectum and sigmoid were normal. Anorectal examination showed large and distinct ulcerated internal hemorrhoids. He was in no condition to be operated on. Sept. 9th, he got a blood transfusion of 500 c.c. Sept. 12th, bleeding was so intense that operation was thought advisable and ligature operation performed under anesthesia. He was placed on tonic treatment. The next day, he was walking about and had a fecal movement. He left the hospital a few days later. On Sept. 20th he returned for examination and showed red cells 4,400,000, hemoglobin forty-seven per cent.

Case III.—A woman, aged 45, gave a history of constipation and protrusions for the past 14 years, accompanied with blood at every stool for the past 2 years. Four days before she had noticed on straining during defecation, protrusions the size of her fist which gave her severe pain. She was very weak and anemic, mucous membranes almost white, face cadaverous. Examination showed prolapsed and ulcerated internal thrombotic hemorrhoids, partly gangrenous, external thrombotic hemorrhoids,

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large skin tags, and a lipomatous growth the size of a pigeon's egg growing from one of these skin tags; the entire mass the size of a man's fist, and there was a continuous oozing of blood. Hers was a cardionephritic case, so under quinine and urea hydrochloride 0.5 per cent. solution, she was relieved of her condition and then put on tonic treatment and dilute hydrochloric acid which arrested bleeding from the rectum. She has had a daily bowel movement regularly since the operation, without any blood, no pain during or since the operation and was out of bed on the third day, and now is slowly improving.

From these cases the writer draws the following suggestions: All cases with a history of bleeding from the rectum should receive a thoro rectal examination. No physician should allow a patient complaining of bleeding from the rectum to get into as weakened a condition as these did without insisting upon operation. Bleeding from ulcerated internal hemorrhoids may produce such complete exsanguination that transfusion becomes a necessity to save life. Operative interference and removal of the cause of bleeding should be advised as early as possible.

Six Children in One Year.

Dr. Mark Hornstein (*J. A. M. A.* 1, 26, '18) reports the case of a woman giving birth to triplets twice in less than one year. The subject, a decipara, aged 33, had given birth to eight children at full term, and had had one miscarriage at three months, and five of those children were living. Her husband was 52. Both were born in Ireland. Her menstrual and previous history were irrelevant. On the evening of July 10, 1916, the writer was called and found the patient having moderately strong labor pains. From her statement that she had not menstruated since November, 1915, it was calculated that she was about 33 weeks pregnant. Abdominal findings were indefinite. The bag of waters was ruptured and, after a few severe expulsive pains, a baby girl was born. After five minutes the second bag was punctured, and a boy was delivered. Third baby, presented by the breech, was extracted without difficulty. There were three placentas. Hemorrhage was moderate. The mother made an uneventful recovery. The infants died—two during the following morning, and one, the boy, after four weeks. The weight was 3⅖, 3⅕, 3⅗ pounds, respectively. On the evening of June 30, 1917, the writer was called again. She was in the eighth month of pregnancy and in active labor. The first and third babies were girls, presenting by vertex; the second was a boy, presenting by the breech. There was one double and one single placenta. The weights were 3, 3 3/10 and 3⅘ pounds. They all died during the night and next day. The mother was considerably exhausted, and at the end of the puerperium she showed a loss of 30 pounds in weight.

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Eugenics and Sexology

Is Crossing to be Encouraged?

In discussing the question whether crossing produces an improvement or deterioration of races from an intellectual point of view, and whether it ought to be encouraged, Dr. Paul Topinard (*Anthropology*) says that the external conditions in which the new race is found, have been too much overlooked, as when considering their degree of vitality we lose sight of their acclimation. The majority of examples which we have of halfcastes are rather favorable to them. The Griquas, the issue of the union, at the close of the last century, of the Hottentots with the Dutch, are superior to the aborigines. The mongrels of Java are better than the Malays. The Polynesians have gained by crossing with whites. Mulattoes in the United States are exempt from yellow fever the same as negroes. Their mongrel reversions towards the white have, in various degrees, a similar immunity. Gobineau ascribes to crossing the disasters of empires and degradation of races. There are authorities that do not believe that civilization could make progress except with pure races. Bodichon, on the other hand, declares that the era of universal peace and fraternity will be realised by crossing; De Quatrefages and others hold similar views. Dr. Topinard believes that two pure races will have a better progeny; two impure races a worse. Two races, the one pure, the other impure, will have an impure progeny relatively to the superior race, and pure relatively to the inferior. The law of inheritance is exerted with rigid exactness, but a multitude of other conditions are mingled with it, which we cannot separate from it—such as the action of external circumstances, acclimation, morals, education, and social laws.

New Nervous Disorders.

A number of new nervous diseases have been discovered and named. They are exclusively a consequence of the present conditions of civilized life. Many affections of the nervous system already bear a name which implies that they are a direct consequence of certain influences of modern civilization. The terms "railway spine" and "railway-brain", which the English and American pathologists have given to certain states of these organs, show that they recognize them as due... partly to the constant vibrations undergone in railway travelling. Again, the great increase in the consumption of narcotics and stimulants has its origin unquestionably in the exhausted systems with which the age abounds.—Max Nordau: *Degeneration.*

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Sexual Love.

The mystery of reproduction has forcibly impressed thinkers of all races, and has been introduced into religious cults, with consequences that have sometimes been prejudicial to sexual morality. When the lustful impulse runs at its strongest, it is crudely indifferent to anything but the sex of its object: So it acts upon some of the brutes and upon degraded men. From this crude animal passion romantic love may be distilled if there are thrown into the crucible such other emotions as admiration, sympathy, and self restraint. These are aroused by the charms which are discovered by the intensity of a lover's gaze, lust in this fashion stimulating the birth of impulses which compete with it. In certain abnormal dispositions one of these may actually be the instinct of cruelty. The impulse of acquisitiveness is commonly aroused: this shows itself in a desire for exclusive possession of the loved one. But generally they are of an etherializing kind. The beloved may excite admiration, kindliness, sympathy and even self sacrifice: in the company of those impulses lust may almost wholly conceal itself. The extent to which its crudeness is softened by alloys varies very greatly amongst individuals and peoples and the marriage customs of the different races of mankind show how much or how little refinement it may gather from the association of other feelings. Romantic love may be less imperative than lust; but it casts a gleam of enchantment across the stream of practical life which may change its course or transform it into a torrent.—SIR BAMPFYLDE FULLER: *Life And Human Nature.*

Masturbational Insanity.

Dr. T. S. Clouston (*Clin. Lect. on Mental Diseases*), points to a special form of mental disease in which masturbation is the cause of the malady and the chief symptom present, and gives the whole case its distinct features. During nine years the writer has diagnosed 46 cases as masturbational insanity. Sixteen of them have made good recoveries while the others remained hopeless, incurable and degraded. [Great scepticism now prevails as to the existence of such a thing as masturbatory insanity. Where excessive masturbation coexists with insanity it is generally considered as the result and not the cause of the latter.—*Ed.*]

Women More Suggestible Than Men.

Among the Indian ghost dancers young women are usually the first to be affected, then older women, and lastly men.... Starbuck's figures (*Am. J. of Psych. VIII*) showing six times as many women as men converted at the regular church services, indicates the greater response of women to external suggestion. Ellis point out (*"Man and Woman" ch. XII*) that women are more hypnotizable than men. In every hypnotic clinic women are in a great majority. One authority avers that two thirds of

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hysterical women and only one fifth of hysterical men can be hypnotized. Of 360 person successfully treated by hypnotic therapeutics in a given time 265 were women, 45 were children, and only 50 were men. Hysteria, the mental side of which is exaggerated suggestibility, is much more common in women than in men. Women make the best mediums.

In women the stirrings of the inferior nervous centers are not so firmly controlled by the supreme centers as in man. Hence, they are at once more suggestible and more emotional. The mob susceptibilities in woman cause many strongly to oppose granting women more power in our social and political organization.—PROF. E. A. ROSS: *"Social Psychology."*

The Danger of Prohibition from a Eugenic Point of View.

W. C. D. Whetham and C. D. Whetham (*Heredity and Society*) point to disease as the most effective agent in the process of natural selection. A host of infantile disorders sweeps off a hecatomb of victims every year. Those of specially weakly constitution, and those specially susceptible to the specific diseases which are rife succumb more easily and more rapidly. Fewer of them live to maturity, and fewer of them live to hand on their hereditary qualities to offspring. Thus the race is gradually purified from the taint of general weakness of constitution, and from special liability to the attacks of specific diseases. The authors argue that a process, similar to that which is slowly rendering the nations of the world more and more immune to specific diseases, has been going on with regard to alcoholic excess. Those specially susceptible to the charms of alcohol tend to die younger than those able to resist. In natural conditions, therefore, they tend to leave fewer children, and the race gradually contains fewer and fewer individuals liable to alcoholism. In classical times, the Mediterranean races were comparatively drunken. Now after centuries of easy access to alcohol, they are very sober. Were they denied access to alcohol, they would tend to revert once more to a renewed liability to drink.

The Prophylaxis of Venereal Diseases.

Dr. Charles Ruata, the veteran professor of materia medica in the University of Perugia, when taking up his position as medical officer of two big convict prisons, 33 years ago, noted the frequency of venereal diseases among the soldier guards. He soon decided to lecture to them on the pathology of venereal diseases, and to give an explanation of Listerian methods. Dr. Ruata says: When a man knows thoroly the responsibility that he has for himself and for others he certainly takes every care to apply antisepsis well. Water and soap are always ready. It is not necessary to use carbolic acid or any other antiseptic of the kind. The ointment of calomel is not practical at all; one cannot

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expect that a man carry with him such an ointment. (But many men do now carry such ointments.) Since advising the use of soap and water I have had for 30 years no more cases of venereal disease among my guards. It seems to me that when all the soldiers, all the workmen, all the adult pupils of our schools are properly instructed in the pathology of venereal disease, this scourge of humanity will readily be stamped out.—*Lancet.*

St. Valentine: The Patron Saint of Sexual Selection.

Havelock Ellis (*The Task of Social Hygiene*) notes that Galton made public his program of eugenic research before the sociological society on February 14, the festival of St. Valentine, who was beheaded for his faith in Rome under Claudius. It so happened that his festival fell at that period in early Spring when birds were believed to pair and when youths and maidens were accustomed to select partners for themselves or for others. The lovers' festival is the survival of a very ancient custom, and was observed particularly in England but to a certain extent upon the continent, too. The essential part of the custom lay in the public choice of a fitting mate for marriageable girls. There was no compulsion about these unions; they were often little more than a game, but very frequently the sexual selection thus exerted led to weddings, and these playful Valentine unions were held to be a specially favorable prelude to a happy marriage. As those old Valentine unions were made by a process of caprice tho tempered more or less by sound instinct and good sense, so, Ellis suggests, in the sexual selection of the future the same results will be attained by more or less deliberate and conscious recognition of the great laws and tendencies which investigation is slowly bringing to light. The New St. Valentine will be a Saint of Science rather than of folk-lore.

Suggestibility from Exhaustion.

Suggestibility from exhaustion or strain is a rather common condition with many of us. Probably all eager brain workers find themselves now and then in a state where they are "too tired to stop". The overwrought mind loses the healthy power of casting off its burden and seems capable of nothing but going on and on in the same painful and futile course. One may know that he is accomplishing nothing, that work done in such a state of mind is always bad work, and that "that way madness lies," but yet be too weak to resist, chained to the wheel of his thought, so that he must wait till it runs down. And such a state, however induced, is the opportunity for all sorts of undisciplined impulses, perhaps some gross passions, like anger, dread, the need of a drink, or the like.— COOLEY: *"Human Nature and the Social Order."*

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LETTERS TO THE EDITOR

The Critic and Guide.

Dear Doctor Robinson: I notice some time since you asked us to return if not needed, copies of the Hawaii trip.—You have certainly a cheek. It is thru your generosity that I have kept my fingers on your pulse for the last two years, but no matter if I had stolen each copy I should never contemplate returning them. Years past—"Weary of the world's great fight," I burrowed into the timber of the Santa Cruz Mountains to shut out, or at least alleviate, the more sordid side of the struggle for these counters we call money. I preferred wood-chopping and limited comforts to the more accepted forms of self-support, and sensing much of your foredoomed fast approaching attack of "heart-sickness" I wrote you dumbly trying to explain why I had dug in where Nature was kindest so that possibly you would bear the thought until the "great weariness" broke down your almost indomitable nerve and will.

You express in "the trip" what I wanted to say and couldn't. Then you didn't know it—I did. I've been thru the gates. I was only trying to suggest that you spotted some cabin in an equable climate—on a mountain top and under a few pines,—so that you could with "bloody but unbowed head" rest from the fray when rest was imperative to your survival.

The response I got was two years free subscription but the main idea in the hand I sent out was to a brother threatened. The feeling so well expressed by you in "the trip" while commenting on the lonely Palm.

Now I'm back in the damned turmoil watching (unfortunately with yet more sensitive eyes) the heartless and selfish struggle that permeates every class to the suppression of all natural impulse toward decency. How long I can stand it I cannot tell,—but I'm fortified by still holding my title to my cabin in the hills,—it is always behind me, and always in front of me, and the time that I again flee toward it can only be told by the measure of my lessening nerve endurance. I need not explain.

No, Doctor, it is useless for you to put appeals to many of us for back numbers, for we feel that you in a sense belong to the regiment (or rather the legion for our numbers are many) of those born to no troubles of their own but with shoulders willing and able to bear the troubles of others, and we must always keep the front line intact from defections thru details and we need the copies for propaganda and comfort.

Yet you are much to be envied for your gifts and your ability and energy to fight, and among other things in having such a friend as Dr. "S."

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When everything else seems turning too damnably dirty to even muck-rake, go out and water one of your pet trees. The tonic is effective the moment the smell of the damp earth strikes your nostrils. Love to you. Sincerely, Alan R. Hiley, 1738 Pine St., San Francisco, Cal.

Dear Dr. Robinson: Have just finished reading your November Critic and Guide, which as usual is most excellent. It is the single exception and only journal coming to me which I take the time to go thru thoroly and well. I like it and your fresh virile style, even tho we sometimes disagree. We agree in the main essentials. With best wishes I am, Yours for success, H. C. Bennett, M. D., Lima, Ohio.

Dr. Robinson, many are your good deeds; but at this time, I wish particularly to be permitted to give one eagle scream of approval of your interpretation, in the May number, of that national weakness which makes possible such monstrosities as Billy Sunday. With highest regards and best wishes, Edward Maag, Prospect, Ohio.

You have my sincerest wishes for the success which you so richly deserve. Sincerely yours, C. E. Ehinger, M. D., Dept. Physical Training, Penna. State Normal School, West Chester, Pa.

Dear Dr. Robinson: I have just read a few pages of your September number of Critic and Guide. The few pages read are worth the subscription price. Send me five extra copies, I want to give them to some of my friends. Your words are a beacon light to a heart weary and a soul depressed in a world of cant and hypocrisy; you may not know it, you may resent it, or you may deny it, but your words breathe the true spirit of God. Gustave C. Heones, 4810 Dover St., El Paso, Texas.

Please find remittance for another year. Don't want to miss them. J. J. Linscott, M. D., Farmington, Maine.

Dear Dr. Robinson: Enclosed is payment for subscription to CRITIC AND GUIDE for 1918. Can't get along without it. With best wishes for your health and success for the coming year, I am, Very truly yours, Howard Osburn, M. D., Rippon, W. Va.

Dear Sir: I appreciate your journal and think you are doing a noble work. I appreciate your efforts for the betterment of the world. C. A. Cantrell, M. D., Truscott, Texas.

Dear Sir: Allow me to express appreciation of the work you are doing and to wish you all success. Yours very truly H. M. Valentine, 99 Saco St., Westbrook, Me.

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THE MEDICAL

Critic and Guide

Incorporating the

Dietetic and Hygienic Gazette, Physicians Drug News & Office Practitioner

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00 Single Copy, 20c. Foreign, $1.50

The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Volume 21. NEW YORK, MAY, 1918. No. 5.

Editorials and Editorialettes

Golden Nuggets.

Somebody has said that we are not at present in need of any more new ideas; we have plenty of "new" ideas—radical and even ultra-radical; what we need is their popularization. And I would say that we are hardly in need of new books. Humanity would be very little worse off if for a decade or so not a single new book were published. What we need is not new books, but the popularization of the good old ones. There is an immensely rich treasury of splendid books, pamphlets and articles practically hidden from and unknown to the public at large.

It would be a good thing, a very good thing, if the public could be made to read those books. But it can't be. Besides the lack of leisure—and the struggle for existence, the bread and butter occupation, leave us but a very limited amount of leisure indeed—our public is temperamentally and educationally not suited for the reading of big books, not capable of separating the wheat from the chaff, unwilling to sift large quantities of auriferous ore in order to find a grain of gold. As we must deal with people as they are and not as we would like them to be, and the American public being what it is, it becomes incumbent upon us to present the ideas in which we are interested in an acceptable and assimilable form.

If our nation suffers from paragraphitis or paragrapho-

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mania, if it cannot and will not read anything not presented in short paragraphs, then we must talk to it in short paragraphs. I know the objections to predigested pabulum and to canned quotations, but it is better to present knowledge and ideas in the form most suitable to our audience than not present them at all.

When we, sometime ago, introduced the department of Psycho-sexual Gleanings in the AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY, we did so with many misgivings. But the department has met with great favor and many readers have told us they would rather read a dozen pages of well selected, significant abstracts or quotations from good books than to read a mediocre original article which, very often, is original in name only. The departments of Therapeutic Abstracts, Hygiene and Dietetics, Eugenics and Sexology, Of General Interest, etc., in THE CRITIC AND GUIDE, are also meeting with an extremely favorable reception at the hands of our readers, and we are requested to expand them instead of curtailing them. We shall probably do so. Incidentally we will say that to prepare an interesting and valuable department of "gleanings" requires more thought and time than the preparation of an original article of the usual variety. You sometimes winnow an entire treatise and the yield is—nothing.

Evolution in the Treatment of the Insane.

The present is wretched and miserable enough. But if we wish to guard against becoming too pessimistic, all we have to do is to contemplate the past. Things are bad enough, the Lord knows, wherever we look. But in the past they were much worse. Glance thru, for instance, the history of the treatment of the insane during the past one hundred years. An insane asylum was a scene to stab the heart of the stoutest man. Poor unfortunates! Haggard, wild eyed, dishevelled, unwashed, undernourished, with marks of violence on their bodies, lying about on the bare floors, or with some filthy straw under them, some of them tied, some chained—it was horrible.

Next came isolation and the straitjacket. The straitjacket and the padded cell were later replaced by sedative drugs. The ideal towards which all doctors dealing with insane patients were striving was to keep the patient quiet and to make him sleep. Bromides in enormous doses, opium or morphine, hyoscyamine and hyoscine, chloral, paraldehyde, chloralamide, trional, sulphonal, veronal, all possible combinations were used to keep the patient "quiet" and to induce sleep. The sleep sometimes became an eternal one, but that didn't matter. No wonder that the "black bottle" became a terrifying specter among patients who had to be taken to an insane hospital, and their friends. As long as the patient could be kept quiet by sedatives, the doctor's duty was done. Nourishment was considered of secondary importance. If the patient became emaciated and died—it was God's will.

How different things are now. Not in all hospitals, to be sure, but in the best hospitals at any rate. The laity and a

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good many of the medical profession, would be surprised to know how little of sedative medication is now used in the most advanced psychopathic hospitals. It is being recognized that sedatives are usually not only useless, but in many cases worse than useless. In small doses they have no effect; only in large and repeated doses is their effect manifest, and then it is a bad, toxic, effect. Warm baths and plenty of nutrition are about the only treatment employed. And the results are in every respect much superior to the results obtained by poisoning the patient with sedative drugs.

Yes, things are bad, very bad. But still they are not quite so bad as they were in former years, and this gives us the right to hope that in the future they will be still better.

In this connection we call the attention of our readers to an article entitled: "Suggestions on the Care of Mental Cases," by Dr. Frederick H. Packard, which appears in the *Boston Medical and Surgical Journal* for February 14, 1918. It is worth reading.

Omits Advertisements for Lack of Paper.

On the cover page of the *British Medical Journal* for March 2, 1918, appears the following notice:

Notice.—Owing to the further restrictions by the Government as to the consumption of paper we are compelled to omit a large number of Advertisements."

And it is true. A large number of advertisements are omitted. We could not help smiling when we read the notice. You don't see the joke? Well, we just smiled at the idea of an American medical journal leaving out advertisements on account of scarcity of paper. Something would be left out, but it would not be the advertisements. The text would be reduced to the lowest irreducible minimum before the sanctity of an advertisement would be tampered with. I do not believe that any magazine would reduce its reading pages to *less* than four, but as low as that many of them would go before they would think of leaving out an advertisement. We have before us a journal published in this country containing altogether twenty-four pages. Only eight of them are reading pages (and what kind of reading!); the other sixteen are advertising.

Well, the English are not quite so far advanced as we are.

How Many Feebleminded People Are There?

A good many people are deeply interested in the question as to just how many feeble-minded and subnormal people there are in any community. This is a question which is altogether unsolvable with any degree of exactness. We can know how many idiots, imbeciles and cretins there are in any community, but the question of the number of feeble-minded or subnormal people is unanswerable. For the answer will depend upon the investigator's subjective state of mind or peculiar ideas as to what

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constitutes feeble-mindedness or subnormality. We fully agree with *Eugenical News* which says that: to attempt to state just how many feeble-minded there are in the State is as futile as to state how many pretty girls there are. A misogynist will be able to find none; a soldier, after long isolation from feminine society, will find them all pretty. Likewise the estimate of the feeble-minded is largely controlled by one's subjective state.

Tincture of Iodine and Water.

Old information, as well as old habits, dies hard. Many physicians in presenting tincture of iodine for admixture with water are still in the habit of ordering some potassium iodine added to the tincture. This is entirely unnecessary with the tincture of iodine of the present pharmacopeia. The tincture of iodine of the old pharmacopeias consisted only of iodine and alcohol and when added to water would give a muddy precipitate of iodine. But the tincture of iodine of the present pharmacopeia contains potassium iodide (iodine 7 per cent, potassium iodide 5 per cent) and therefore the extra addition of potassium iodide is quite superfluous. In other words the tincture of iodine of the present pharmacopeia makes a perfectly clear solution when added to water in any proportion.

Noli Nocere — Do Not Hurt.

Noli Nocere—do no harm. The burden of humanity's suffering is unweighable, immeasurable, incalculable. And we can do little, very little, to lighten it, to diminish it, let alone to abolish it. But one thing we can do if we try: We can make up our minds not to add to it. If we cannot diminish the world's misery, let us not increase it. We can make up our minds that within the sphere of our influence, of our personal acquaintanceship, of our business or professional relationships we will do nothing to hurt anybody, hurt physically, psychically, economically.

Noli nocere. If we can do no good, let us at least do no harm.

A Disagreeable Sort of Subscriber.

It takes all kinds, no, not all kinds, but many kinds of people to make up a subscription list. It is a mistake to suppose that all readers of a magazine are in agreement with the editor's ideas and viewpoint. The majority probably are, but quite a substantial minority disagree with some, or even with most, of the editor's ideas. And it is well, it is so. For if all readers looked at things exactly from the editor's standpoint, it would be superfluous to write editorials. What is the use arguing with a man who agrees with you in everything beforehand? There would be no propaganda—and no progress.

Yes, the dissenting reader is always welcome and there is more joy over a converted dissenter than over twenty subscribers who always agreed with everything you said.

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There is one species of subscriber, however, for whom we cannot help entertaining a considerable amount of contempt, contempt softened now and then with a touch of pitying amusement. We refer to the subscriber who goes into ecstasies over everything you write, that is over everything that happens to tally with his ideas and opinions, but who gets a conniption fit, becomes hysterical, and orders the immediate discontinuance of the magazine the moment you run counter to his opinion or which rubs him against the grain. Such people are really to be pitied, for they show they are still in a state of savagery, or let us say, infantilism, and are utterly devoid of the power of self-control, incapable of calm, judicial reasoning. Never, never does the thought seem to come floating into their poor heads that perhaps, perhaps, after all, the editor may be right. Those victims of emotional disequilibrium, or let us say, psychic chorea (yes, more people suffer from a psychic St. Vitus' dance than from the physical variety), are incapable of imagining that perhaps the editor, who is not an idler like most of them are, who devotes his days and nights to studying and reading, thinking and testing his thoughts, and analyzing other people's thoughts and theories, may know a bit more than they do, and may be right after all.

Yes, poor weaklings. We can have for them nothing but contemptuous pity or pitying contempt.

A Few Rules to Follow if You Wish to be Happy.

Do not go against the current. Few can do it, and it is always much easier to go with than against it.

Do not think an original thought. Think only what the majority thinks. If an original thought happens to strike your mind, bury it there. Don't let it get out, that is, don't give it expression either by spoken or written word. The safest thing is not to think at all.

Always try to be on the winning side. Don't bother with right or wrong. The majority is always right, the minority always wrong. Remember, however, that mere numbers do not always make a majority. A powerfully entrenched minority is often equivalent to a majority.

Try, try, and try again—if you try very hard you may eventually succeed—to become callous to human suffering and indifferent to the wrongs and injustice that you see about you. If your conscience pricks you now and then, you can soothe it with the incontrovertible truth that you have not made the world and are not responsible for what is going on in it. Do not permit social and humanitarian problems to monopolize your mind. Don't study, don't read too much. Try to lead more of an animal existence. Humanity will muddle thru somehow without your help or hindrance.

If you follow the above few simple rules, you will be a much happier man or woman. If not exactly happy—for happiness is vouched to but very few in this vale of tears and anguish—you

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will certainly be much more comfortable and what are ideals as compared with comforts?

High Souls vs. High Buildings.

Passing lower Broadway I saw two men craning their necks to look up to the top of the Woolworth building, and one man remarked with ill-concealed pride: "This is the highest building in the world. You don't have such buildings where you come from," which the man addressed humbly admitted. And this reminded me of what Epictetus said about tall buildings:

You will confer the greatest benefit on your city, said he, not by *raising* the *roofs,* but by *exalting* the *souls.* For it is better that great souls should live in small habitations than that abject slaves should burrow in great houses.

Yes, contemptibly low creatures can live in or own very high buildings. A city has nothing to boast of if only its roofs are elevated.

Longevity and Exercise.

There are few things that most people want more than longevity; but most people will not go to any trouble to attain it. And it is sad to record that the members of our own profession, who should be leaders in the field, are among the greatest sinners in this respect. Of course there are many exceptions, and Sir Herman Weber, who now in his ninety-fifth year, is enjoying fine health, is among the most notable of these exceptions. He has always been advising exercise and open air, and a recent article of his in the *British Medical Journal* summarizes the subject so well, that it is decidedly worth while reprinting. It might be remarked that the paper contains nothing essentially new. True. But we are not so much in need of new ideas as of reiteration and reemphasizing of what is good in old ideas. Unfortunately, we are all apt to forget. And we are, all of us, in need of constant or frequent reminders. And the lesson conveyed by Dr. Weber's life is of particular importance, because, as he tells us, he does not come from a family noted for longevity, both his parents having died in their sixtieth year. It is due to his intelligent observing of the rules of hygiene that he is near reaching the century mark in a satisfactory physical and mental condition.

Read Sir Weber's article printed in this issue carefully, and try to profit by its lesson.

How Long Do People Live?

In discussing the subject of centenarians, which has ever been a favorite in the popular mind, Dr. Woods Hutchinson (*Civilization and Health*) points to the statements of statisticians and historians who frankly admit that most of the so-called classic instances of extreme old age must be regarded as little better than legendary. All authorities are agreed that of the

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one class of human beings, whose births and deaths are sure of accurate and undisputable record, the royal families of Europe, not one member has ever reached one hundred years. The same is true of three hundred popes; indeed, of these only five passed eighty years, and in twelve hundred years only six Kings have reached four-score years. No English insurance company in the past hundred and forty years has paid a death claim to any beneficiary over ninety-six years old. Thus the historical instances are rapidly falling into disbelief, and no modern instances reported in the papers have yet stood the test of investigation. The vast majority of them are reported as occurring in negroes, Indians, and those born in ignorant peasant communities on the Continent of Europe or in remote rural districts of the United States where no accurate records are kept. And the age of those who can present evidence making it probable that they have passed the century mark never exceeds it more than two or three years. A human being over a hundred and ten years of age may be regarded as practically as pure a fairy tale as one over nine feet in height.

The author sees one of the most amusing features of the records of centenarians in the eager credulity with which most of those who study them have besought them for their "secret"—the means or method by which they succeeded in living so long. He finds it rather difficult to conceive why any intelligent individual in this twentieth century should have the slightest desire to live to be one hundred. What is the use of living to be one hundred, if your life has been one hundred years blank? The only man of international reputation who is accepted by statisticians as having passed the century mark was Chevreul, the chemist. It is better to do one thing that the world thinks worth remembering and die at thirty than to *exist* one hundred or a hundred and fifty years. So that there does not appear to be very much rationality or profit in any of the more or less visionary schemes so far advised for making the average span of human life a hundred years or more. To do our work, to enjoy a fair period of rest and contemplation of the results, then depart as swiftly and painlessly as possible, this seems the really rational ambition, and not a mere clinging to profitless persistence on the planet.

Hereditary Predisposition to Insanity.

Dr. Henry Maudsley (*The Pathology of Mind*) maintains that actual madness is not inherited, since no one is born mad; only a predisposition to it is inherited which may be either weak or strong; so strong in a few instances as to burst forth and wreck the mind in childhood; so weak in some instances as to lie dormant and not issue in actual derangement; of such force in other instances as to be kindled into flame by the evil troubles and vicissitudes of life. The author points out that he who inherits a predisposition to insanity does not necessarily get it from a parent who happens to be insane; not even tho his father

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was insane when he was begotten or tho in madness his mother conceived him. He gets it from where his parents got it—from the insane strain of the family stock, the strain which "runs in the blood," which we now describe as a flaw in the germplasm passing by continuity of substance from generation to generation.

Thus it comes to pass, on the one hand, that the child of an insane parent is perhaps never insane at all, and, on the other hand, that the child of a sane parent who has an insane aunt, becomes insane. The author finds nothing more striking in the histories of families than the close likeness of bodily features or of mental qualities or of tricks of gesture or gait which crop up in members who are generations apart; with small variations the present individual is a signal reproduction, almost a copy sometimes, of a more or less remote ancestor whom he lives over again. Nor is the likeness only to an ancestor in the direct line of heredity, it may be to a member of a collateral branch; then a child, not specially like its parents, may reproduce the mental or bodily features, or both, of an uncle or aunt, or of a cousin at different removes. Despite the frequent interminglings of different strains of qualities by the union of germplasms of the two parents in succession, the predominant strain of the stock might chance to determine from time to time the same combinations and developments in much the same mould. In the multitude of possible combinations there is a scope for almost infinite variations. Now and then a person may detect in his own face in the looking glass a momentary flash of expression of the sort which he will find formed in the portrait of an ancestor or perhaps of some living relative, near or remote. In the same way silent memories of strange feeling may startle and move him. Beneath every face are the latent faces of ancestors, beneath every character their character.

Beauty and Race.

The matter of skin color, facial outline, and of hair texture, is largely a question of esthetics. If we could imagine some superhuman agency looking down on this little planet with a knowledge and appreciation of things far superior to that possessed by the wisest human being, we might hold it conceivable that such an intelligence would either see that there was not a pin to choose between being pink-skinned or brown-skinned, that curly hair was no uglier than straight hair, or a Wellington nose not more beautiful than one of low bridge with widespreading nostrils: in short, that a well-developed negro or negress was no uglier than a well-developed white man or woman, provided that both alike were good examples of physical and mental efficiency. Such a being might also happen to know that the negro originally —say four to ten thousand years ago—had a greater innate feeling for art and music than his white or yellow relations, equally with himself mere hunters of wild beasts.—SIR HARRY H. JOHNSTON: "The Modern Conscience in Relation to Racial Questions."

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Original Articles

Contributed to THE CRITIC AND GUIDE.

CIRCULATORY DISTURBANCES IN THE LUNGS, PLEURISY AND BRONCHO-PNEUMONIA.

BY GEORGE F. BUTLER, A.M., M.D.

Active Congestion.—The principal indication in this condition, which is purely symptomatic, is to change the circulation in the lungs in a way that will admit of the relief of the overfilling of the blood vessels. For this purpose both internal and external measures may be taken.

Internal Measures.—Aconite in small doses, one drop of the tincture of the root, or minute doses of aconitine, given every fifteen minutes for three hours, is highly recommended, or for a shorter period, according to the rapidity of the pulse. Cardiac stimulants are indicated when there is danger of inflammatory edema of the lungs or heart weakness. If the heart weakness is due to splanchnic paralysis, adrenalin is peculiarly efficacious; if there is a cough, codeine or morphine may be given. In some cases of pneumonia every extension of the pneumonic process produces the symptoms of acute congestion which should be attended to. Calomel in large doses is valuable sometimes, followed by a saline cathartic, but as a routine measure cathartics are forbidden, on account of danger of infection of the gastrointestinal tract. If jaborandi or pilocarpine are used, they should be administered with caution, on account of their depressing effects, and never without alcohol. Dover's powder may be sometimes given.

External Measures.—Hot applications to the thorax are made, and dry cups, as many as can be put on the thorax, are of special benefit. Hydrotherapy is very valuable given in the form of a bath at 110° F., of ten minutes duration. If the case is desperate, blisters may be resorted to, but only when all other means have been found wanting; for, besides the discomfort induced by this method, if pneumonia develops, as is usually the case, the patient's skin will be in no condition to receive further local therapy. If the patient is healthy, strong and full blooded, phlebotomy will prove valuable; or wet cups, which combine the effects of blood-letting with those of peripheral stimulation, may be applied. Inhalations of oxygen may be demanded. As the hyperemia may be affected by diaphoresis, the warm pack may be used; or a hot bath followed by a pack. The patient, however, usually prefers the internal remedies adapted to produce the same result, the process being less disagreeable.

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Passive Congestion.—This occurs only in enfeebled persons, usually during the course of some infectious disease. The form produced by diseases of the heart is to be treated like chronic myocardial insufficiency. If there are inflammatory conditions they should be treated as in all inflammations of the lungs. Hypostatic congestion is treated and may be prevented, by taking care that the lungs are expanded normally. Respiration should be made as easy as possible, all restrictions upon the body removed, and the patient should have his position in bed changed frequently. When in infectious diseases the heart becomes weak, we should give alcohol or strophanthus, or caffeine, or digitalis.

Edema.—When this is a terminal condition, as often happens, due to Bright's disease, brain troubles, etc., arising from a combination of causes, usually among which is a change in the structure of the blood, which cannot be remedied, the case is hopeless. But treatment is life-saving in a large number of cases. Mustard packs of various descriptions, and dry cupping, have been proved of great value. It is important that the bowels be thoroly cleansed in the beginning, by hydragogue cathartics if there is time, or saline cathartics or calomel, according to the indications in the individual. If haste is required, an enema should be given containing sweet oil or turpentine, and common salt and water.

Venesection should be used for the withdrawing of blood, probably in all those cases where the general condition of the patient warrants it, but especially in inflammatory cases, improving as it does the pulmonary circulation and relieving the overfilling of the right heart. When possible it should be applied at the beginning of the attack.

For the profuse secretion in the bronchial tubes there seems to be little that can be done. Traube reports good results from the internal administration of lead acetate, either alone or with digitalis leaves. Inhalations, either of oxygen, astringents or turpentine are valueless, as are the expectorants. And morphine should never be used.

Hemorrhage.—The bleeding due to erosion of small vessels is to be treated as in tuberculosis; that coming from the large vessels may be given normal thrombotic processes, which are facilitated by absolute rest and the withholding of stimulants. With the cessation of the bleeding the patient should be kept quiet for a long time, and if there is pronounced tendency to cough, morphine should be used.

Pleurisy.

Most cases of simple primary pleurisy, being tuberculous in character, should receive the same treatment as that given in *Pulmonary Tuberculosis.* The few cases that are not tuberculous, arising as they do from exposure to cold or infection, are classed as "Rheumatic Pleurisy." This form, unlike all the

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others, is amenable to causal treatment, the salicylate preparations, when used in large enough doses, having a decided effect upon the course of the disorder. The failures that have resulted from this treatment may be largely ascribed to the insufficiency of the doses given. Sodium salicylate may be used in fifteen to twenty grain doses four or five times a day; with full doses of alkalis, like potassium citrate or sodium bicarbonate; or aspirin (acetyl-salicylic acid), thirty grains two to three times a day. In some cases antipyrin, five to ten grains, may be combined with one of the salicylates.

The Tuberculous Form.—The above described treatment should never be given in the tuberculous form of pleurisy; it will have no good effect upon the disease, and is likely to derange the stomach and bowels and irritate the kidneys, especially when the doses of salicylates are large.

Acute Pleurisy.—The patient should be put to bed at once upon any appearance of pain in the chest, dyspnea, or cough and fever, and kept there quiet, being permitted to choose the position in which he shall lie as the most comfortable for him, and then diaphoretic treatment should be begun. The bowels should be opened freely. A ten-grain Dover's powder should be given in a hot lemonade in the evening, if possible, just before the patient is ready for sleep. Small doses of tincture of aconite given at frequent intervals tend to lessen the internal congestion and exert a favorable influence on the disease. Also a sweat in a hot bath may be given in addition, or an electric bath, the patient to remain in the heated atmosphere, which must be hot enough to produce sweating, for one to two hours with an ice-bag or cold cloths applied to his head; then he should be thoroly dried with a rough towel and rubbed down with alcohol. While in the bath he should be given plenty of water to drink. Every effort should be made to stop the pain and the cough and counteract the hyperemia in the pleura, by means of local applications to the chest, strapping the affected side with adhesive plaster, and if necessary, the internal administration of morphine. Wet cups (never dry cups) may be used as a local counter-irritant. Also the large mustard plaster (not strong enough to blister) forms one of the best and simplest counter-irritants in these cases. When the pain is very severe, anodyne ointments may be employed, or hypodermic injections of morphine, one-eighth to one-fourth grain, may be necessary.

Exudative Pleurisy.—When the patient is seen for the first time with fluid in the pleural cavity, or when active treatment properly begun fails to prevent the formation of an exudate, it becomes necessary, in addition to the above-described measures, to stimulate diuresis and catharsis in the endeavor to aid, by depletion, the absorption of the exudative fluid.

Catharsis.—Salines in concentrated form, given in the morning on an empty stomach preferably, are the very best means

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for promoting catharsis—a teaspoonful or two of Epsom salts or Rochelle salts. The use of jalap or elaterium is seldom necessary to stimulate very active catharsis, tho watery stools may be brought about by the administration of the compound infusion of senna containing magnesium sulphate, the dose being two fluid ounces once or twice a day.

Diuresis.—Here diuretin, urea, strontim lactate, squills, potassium acetate, juniper berries, etc., are of value, especially in the stationary period.

Diet.—The best results from catharsis and diuresis are effected upon a dry diet, a diet containing as little liquid as possible, the patient being allowed to eat ice, chew gum, or menthol lozenges, etc., to allay the desire for water.

Thoracocentesis.—Aspiration of the fluid by thoracocentesis is a last resort in the treatment of pleurisy with effusion, and extreme care must be taken in making a decision when to perform the operation. If the pleuritic fluid is permitted to remain too long in the pleura there may be a development of interstitial pneumonia, carnification of the lung and bronchiectasy, thru the loss of the lung's elasticity and power of expansion; and if the exudate is very large, large enough to compress the lymph stomata in the pleura, absorption of the fluid is prevented automatically.

While it is true that there are some dangers likely to accompany the operation of thoracocentesis it is quite as true that they have been greatly exaggerated. If the fluid is removed too rapidly and proper care is not observed in the method, embolization of cerebral or pulmonary arteries may occur, or paralysis of the heart, empyema, syncope from cerebral anemia, pneumothorax, etc. But there is small likelihood of any of these developments, if the aspiration is properly performed and emergency remedies are at hand to meet all possible complications about the heart and circulation. Always the operator should have ready for use a hypodermic syringe filled with a ten per cent solution of camphor in ether, a hypodermic of one-thirtieth grain of strychnine sulphate, a glass of whiskey or brandy and some smelling salts. Also, before performing the operation he should give the patient a quarter-grain of morphine hypodermically. This will act not only as a preventive of the cough which frequently follows the withdrawal of pleuritic exudate, but as a pacifier of the patient, rendering him less fearful and excited, which will prove of considerable assistance to the physician.

After-Treatment.—This is important. For the general condition change of climate is prescribed, with tonics and proper diet; for the local conditions, respiratory gymnastics for the purpose of increasing expansion of the lungs are valuable, especially for the young. In purulent pleurisy there is a tendency to the formation of tough adhesions that interfere seriously with both the expansion and aeration of the lung, pre-

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venting return to normal conditions, and hence forced expiration exercises against pressure are helpful—blowing water thru a water-bottle, inflating a rubber bag, etc.

Broncho-Pneumonia.

Prophylaxis.—Infants with bronchitis should be kept in an equable temperature and in pure air. Above all they must avoid dust, wearing a veil for this purpose if necessary. The proper treatment of whooping cough, measles and diphtheria is of great value in the prevention of broncho-pneumonia. Every form of tracheo-bronchitis in children should be faithfully watched and treated. If atelectasis develops the patient's posture must be changed so as to give the affected lung every opportunity to expand, and if necessary increased breathing must be induced. This may be accomplished by means of the cold douche, or the splashing of a little cold water against the affected side. Emetics should be used with extreme caution, if at all. Care must be observed in feeding the patient where the protective functions of the glottis are insufficient by reason of deficient innervation, a condition that is common to all forms of fever in which there is coma. There should be extreme cleanliness of the mouth, especially in ether pneumonias, where thoro antisepsis of the mouth might, according to the experiments of Hoelscher, act preventively; and the proper treatment of those diseases which lead to broncho-pneumonia will accomplish much in the way of prophylaxis.

Treatment.—When an infant has a cough that is croupy, is accompanied by fever, or by continuous contraction and expansion of the nostrils, the physician should be called at once and the patient carried to a clean, well-lighted room with, if possible, a fireplace in it, so that good ventilation may be assured. This is the more important since plenty of fresh air is urgently required. In order to prevent the development of atelectasis the child should be taken from bed and carried about when this is possible, and while he is in bed his position should be changed now and then. Fresh air should be freely admitted, keeping draughts away from the patient, and the treatment should be the same as in lobar pneumonia.

Diet.—If the child does not take milk, an artificial food or condensed milk may be substituted for milk, which, in all possible cases, should be the basis of the feeding. No article of food should be given that can produce gaseous distension of the bowels or stomach. Milk, eggs, broth, scraped meats, fresh vegetables, very little starch- or fat-containing foods and small quantities of fresh fruit, taken at short intervals and in small quantities should be the rule. Alcohol may be used with benefit, in the form of whiskey, brandy, Rhine wine or dilute claret. For a child under one year of age ten to fifteen drops of brandy or whiskey well diluted in water administered every two hours, is about right. Sometimes the

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stronger stimulants are indicated, ammonia preparations, caffeine, camphor. But alcohol is by far the best stimulant in this disease when symptoms of weak heart appear.

Medicaments.—The treatment medicinally does not differ greatly from that recommended in other forms of acute bronchitis. If there is great accumulation of mucus in the bronchial tubes, making breathing difficult, emetics may be given. If the disease appears suddenly, with high fever, the patient should be given a defervescent mixture or fractional drop doses of the tincture of aconite at intervals of one-half hour to two hours. Narcotics should be given sparingly, if at all, on account of their effects in stopping the expectoration and suppressing the cough, but if the cough is peculiarly distressing a three to five grain dose of Dover's powder may be given several times a day; or a one-eighth grain of codeine may be substituted. Both stimulating expectorants, as strychnine, senega, or ammonium chloride, and emetic expectorants, as ipecac, tartar emetic, apomorphine may be administered with restrictions, only as a last resort, and never to debilitated children.

Heart Tonics.—These should be given at once upon any appearance of heart weakness. If from the beginning of the disease we give two or three drops of the tincture of digitalis or strophanthus several times a day the action of the heart will be rendered more regular, without overstimulation, and the danger of a sudden appearance of heart failure will be greatly lessened. When this does occur, hypodermic injections of camphor, ether, ammonia must be given, and the patient should be sponged or douched with very hot and very cold water alternately. It may be necessary, on rare occasions, in order to overcome cyanosis, excessive dyspnea and lividity, to give inhalations of oxygen combined with a hypodermic injection of strychnine in one-twentieth to one-fortieth grain doses.

When it becomes necessary to empty the bowels it is preferable to employ rectal methods, tho calomel in small doses may be used in an emergency. In the pneumonias found in influenza quinine has a marked value. In lobar pneumonia the carbonate of creosote should be given every four hours, the dose for a child of one year being ¼ gr., older children in proportion.

Hydrotherapy.—Tho the poultice and dry cups both have their advocates, hydrotherapeutic methods seem best adapted for external applications in the majority of cases. In order to support the heart, reduce the temperature and relieve the respiratory muscles, baths of 90 to 96 degrees F., followed by a cold sponging, are indicated, the duration of the bath not to exceed ten to fifteen minutes, given two or three times a day. Before the bath a teaspoonful or two of brandy may be administered. In cases of capillary bronchitis in strong indi-

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viduals without pulmonary involvement and without high fever, this treatment is especially beneficial.

If, however, myocardial or arterio-sclerotic changes are present this bath should never be given; instead, the cold pack is indicated. After the first pack the temperature at first falls quickly, but rises again in a few minutes, when the pack should be repeated, and continued until the temperature has been lowered several degrees and permanently. The *ice-cold pack* is not to be recommended for debilitated children or for infants, but is very valuable for adults.

Hot Baths.—In some forms of capillary bronchitis there is no fever, the patient even developing sub-normal temperature with cyanosis and cold feet and hands, and here the hot pack or hot bath should be given instead of the cold, contra-indications being arterio-sclerosis and myocardial changes. The bath or pack should be of about fifteen minutes duration with an ice bag or cold cloths applied to the head. The skin should then be rubbed energetically with a warm rough towel and the patient put in bed and covered with cotton or linen bed-clothing.

Inhalations.—When the indications are for inhalations the same may be given as for bronchitis, using the atomizer for children. If there is failure of the respiratory center, oxygen may be used.

Complications.—For the heart, the treatment is that of acute myocarditis and acute myocardiac insufficiency. Digitalis should be given to all children who have organic heart disease from the beginning of the illness. For cardiac stimulants, camphor may be used hypodermically; or in mild cases caffeine may be given in from three to ten drops of a ten per cent aqueous solution three times a day; in severe cases the same solution may be given hypodermically. Diarrhea should be treated by the usual methods. If there are middle-ear complications it is necessary to recognize their existence as early as possible and treat them according to indications.

Convalescence.—The patient should not be permitted to leave his room before all the evidences of the disease producing the pneumonia have disappeared. It is not enough to overcome the pneumonia. The underlying cause should be rooted out, if possible. Children, tho they recover rapidly from broncho-pneumonia in uncomplicated cases, should be held to the house for at least two weeks after the temperature has sunk to the normal, and given a generous diet, tonics, and even alcoholic stimulants when necessary. If the physical evidences of the pneumonia are very slow in disappearing, a change of climate is to be recommended. In the winter these patients may be sent to Florida, southern California or Georgia. In the summer to the seashore, or the mountains, which should not be too high.

The treatment of primary broncho-pneumonia in adults

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is the same as that of lobar pneumonia. In the aged the treatment consists principally of stimulation, alcohol being given regularly in doses adapted to the individual case. Also the routine use of strychnine is calculated to increase the reflexes, provided it is given in medicinal doses, and never enough to produce symptoms of intoxication.

Expectoration.—For the patients the great necessities are expectoration and the drying up of the mucus. The stimulating expectorants and benzoic acid and its compounds should be employed, tho they are of little benefit, and nothing that reduces the patient's strength is permissible. To these may be added what little advantages arise from change of posture, warm external applications and inhalations. In those cases which are not associated with toxic symptoms the fresh-air treatment is useless, or nearly so, as a rule.

Pulmonary Emphysema.

Prophylaxis.—The most that can be done in this direction is to advise regular habits and all-round care of the body in those predisposed to the affliction. And even this is rarely possible, for the patient seldom comes to the physician until the disease has manifested itself.

Treatment.—It must be admitted at once that this disease cannot be cured. Since there is rarefaction of the intralobular septa with atrophy of the alveolar walls, loss of elastic tissue, obliteration of capillaries and other hopeless conditions, it becomes plain that the most that we can do is in the direction of relieving the symptoms and arresting further development of the disorder. The physician must attempt chiefly the counteraction of the bronchitis that complicates the disease in most cases; next, to prevent or correct the dilation and hypertrophy of the right heart that usually follow or precede emphysema; to relieve the signs of venous stasis about various organs that develop consecutively to the cardiac insufficiency; to relieve the dyspnea and asthma of the advanced cases. Respiratory gymnastics and massages are of value.

Contributed to THE CRITIC AND GUIDE.

STAMMERING — THE ALLEGED MYSTERY.

BY ERNEST TOMPKINS, M.E.

Before we present a new view we should dispose of the old ones. Fortunately the old ones invite disposal. They are malformation or disease theories; but malformations and diseases do not disappear in the hypnotic state or in the absence of an auditor, and do not appear by the imitation of the dialect of another person as stammering does. Exit the old views.

Now let us describe a typical case of stammering. A child who has learned to talk imitates a stammerer. To do that he voluntarily interferes with his speech. He holds his breath; he

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locks his lips together; he presses his tongue against the roof of his mouth. Let the reader do those things and satisfy himself that his speech is impeded. The child, however, does not realize that he is making his impediment. He thinks that Heaven has punished him for mockery by afflicting him with this mysterious disorder. Convinced that his speech is defective, he continues his misdirected efforts to overcome the defect, thereby making it. The description of every other case is similar, except that frequently the conscious speech effort is begun to overcome the broken speech resulting from debility following illness, fright, extreme emotion, extreme exhaustion, injury, etc.

That is a tame mystery, is it not? But some pseudo-scientist wants to go farther. He wants to go from the peripheral to the central organs and find lesions in both, and all the way between. Wait, Mr. Scientist. Let us whisper in your ear. Have a care for your reputation. Science does not make mysteries—superstition does that. Science merely describes. But, if you are still unconvinced, criticize this description as we have criticized yours. We invite it. "La critique est la vie de la science."

Stammering is then, a complex habit consisting of a mental and a muscular element, the former a mistaken idea of speech disability, the latter a conscious effort at speech (misdirected thru ignorance, for speech is largely automatic) prompted by the idea of disability. The mistaken idea induces the convulsive effort; and the failure of effort intensifies the idea; so with continued indulgence it grows in tenacity until it appears to be a disease; an appearance not discouraged, but rather encouraged, by those who treat it and who mould public opinion in regard to it.

To make mysteries is to make mischief. See the mischief these stammering mysteries have made. Each year from 15,000 to 30,000 innocent children, in this country alone, contract this disorder which generally means life-long torture. The specialist says, "Let it go until the child is old enough to take my treatment." In the meantime, the child is scolded; is made to talk on the score that it will talk by talking; is humiliated and made worse by the oral recitation in school, in spite of ordinances against the spread of infectious disorders in schools. The proprietors of stammering schools point out both this intensification and spread of stammering in the public schools; not with the idea of having the oral recitation stopped for stammerers, but to get their methods into the schools. They advertise "Teachers trained for speech correction work in public schools." So the educator obdurately keeps on intensifying and spreading the disorder. Now the child is old enough for the special treatment. What does it consist of? Breathing exercises, lip movements, vocal exercises, all conscious speech: *we teach stammering under the guise of correcting it;* and by the abuse of authority and the lack of criticism we make harmful treatment appear beneficial to the public. The temporary relief afforded by the calming

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environment of the cure gives place to intensified stammering when our pupil returns to his home. Then society puts more rivets in his chains. He has to telephone, to dictate, to talk to customers, to address boards of directors, etc. There was more hope for the galley slave of old than for the stammerer of to-day. So our pupil, now well confirmed in his affliction, joins the ranks of approximately a million like sufferers that misnamed science maintains in our supposed-to-be civilized country.

To disseminate facts is to relieve affliction. When the facts about stammering get past the Stygian darkness of superstition and bigotry these things will happen. Every mother and nurse will guard against anything which temporarily interrupts the child's speech—specifically, stuttering (non-spasmodic repetition), imitation stammering, association with stammerers who do not decline to indulge in the habit, intentional frights and avoidable exhaustion. Many of the inducing causes are unavoidable. But the child's speech will be observed carefully after each such inducing cause, and the first spasmodic efforts will be kindly but firmly suppressed. Simply dissipate the fear of stammering. The child may wait, may use another word, may make signs, may remain silent. In its case it does enough spontaneous talking to bring about the removal of the mistaken idea in time, if the interruption to its speech is discouraged. The schools will forbid stammering on school property, and will have the stammering pupil write his recitation; however, what he can say fluently he will be allowed to say. He has ten years in the schools in which to recover. These simple means will extirpate the disorder within a few years, for no more new stammerers will appear and the adult stammerers will eventually die off. The adults who want to recover will proceed on the only two principles by which recovery is possible, either alone or with the assistance of those really skilled in stammering: those principles are (1), non-indulgence in the inclination to stammer, and (2) a considerable increase in the amount of spontaneous talking. Dr. Albert Liebmann's Die psychische Behandlung von Sprachstörungen, published by Oscar Coblentz, Berlin, 1914, is a safe guide, altho not the most efficient one. The institutions for the correction of stammering will substitute beneficial treatments for harmful ones. Then will disappear this great mystery, this great scandal, and this great affliction.

ON THE INFLUENCE OF MUSCULAR EXERCISE ON LONGEVITY.

BY SIR HERMAN WEBER, M. D., F.R.C.P., LONDON.

To promote longevity all the systems and organs of the body ought to be kept in a healthy condition, and prevented from decaying as long as possible. We must not attend to one of them alone, but to each and all of them, must endeavor to keep them all sound and vigorous, make them assist one another, and work together in harmony.

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In the present paper I intend to show the principal features of the influence of the muscular system on the functions of the other systems and on the life of the whole organism.

The contraction of the muscle, as shown by Professor Ludwig, Sir Lauder Brunton, and Dr. Oliver of Harrogate, causes dilatation of the arterioles, capillaries, and lymph spaces, allowing more oxygenized blood to flow to the muscular fibres, which abstract from it what they require for their nutrition and let the remainder, together with the used-up material, pass partly into the veins, partly into the lymph spaces and the lymphatic vessels. By this process the muscle is nourished, the products of decomposition are removed, metabolism is promoted, and heat is produced. In addition, the small blood vessels, thru their increased action, are kept in a healthy condition. We may go further and say that the spheres of the brain which initiate the contractions of the different sets of muscles, are likewise favorably influenced, for an increased flow of blood is attracted to them by their work and the blood vessels are forced into greater activity, by which their own coats as well as the brain substance are nourished.

Walking Exercise.

The most natural of all muscular exercises, as pointed out by Hippocrates, is walking exercise. A great part of all the muscles of the body is activated by it; the action of the heart and respiratory organs is increased; the blood is passed with greater force from the heart into the blood vessels of the body, which are obliged to contract more vigorously, carry more blood to the different organs of the body, nourish the latter, and are themselves nourished thru their work. By the concentration of the muscles of the legs more blood is attracted to them, and is squeezed out from them into the veins and lymphatics and carried to the heart, which is forced to contract more vigorously. The pumping action of the heart thus induced strongly assists the circulation of the blood and lymph in the abdominal organs, and is helped in this by the more powerful concentration of the diaphragm and abdominal walls which accompany the increased respiratory movements forced on by the more rapid and more energetic contractions of the heart. The more powerful breathing leads to improved oxygenation of the blood and increased metabolism. All the organs in the abdominal cavity are favorably influenced by active walking; the appetite, the digestion, and assimilation are remarkably improved.

Thus walking exercises a favorable influence on the whole organism. We must therefore take daily walks and, if possible, in the open country, and do so in all weathers. The amount of walking required by different persons varies according to personal conditions and the manner of living; we may say between half an hour and two or three hours. It depends not only on the constitution of a person, but also to a great degree on the varying state of health and strength, on habit, on occupation, on

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the meteorological conditions—heat or cold, dryness or humidity, strong or light wind, or stagnation of air.

The walk ought not to be extended to actual fatigue, but ought to lead to exhilaration and agreeable warming of the whole body. The pace of walking, too, must vary in different persons, from less than a mile to three and four miles an hour, according to the condition of the walker and to habit, and ought not to be changed all at once from an accustomed slow to an unaccustomed very rapid pace.

With increasing age the power and the inclination to walk diminish, and this coincides with the diminution of the creation of warmth. Friar Roger Bacon, in the thirteenth century, stated that the body heat decreases after the age of 40. His statement agrees with the experience of many others as well as myself, tho the exact age varies in different persons according to their general condition, their manner of living, and especially their activity. To prevent this decrease of heat production persons advancing in years must continue to walk or take other muscular exercises as much and as long as they can, and must not allow their friends to dissuade them from doing so, or yield to their own inclination to give it up. Even if it rains or snows, or the weather is otherwise disagreeable, they must continue to take their accustomed exercise; since, if they neglect it, and stay at home engaged in reading or some other occupation, they have great difficulty in resuming the necessary exercise. Great is in this respect the difference between the young and old; the former can easily return to active muscular work after long rest, not so the latter. They must not regard their number of years but their physical capacity. If those advanced in years neglect muscular exercise their muscles waste, their metabolism fails, their body heat diminishes, and their path to premature senile decrepitude is rapidly paved. On the other hand, it is to the majority of people almost incredible how much can be done by energy and will power to postpone this decay.

A matter which is not sufficiently considered is the mode of walking. A walk of three or four miles with half-bent knees and back is not as useful as one of the same length with firmly contracted muscles of the legs and thoroly erect spine.

Persons with a sound circulation derive more benefit from walking uphill than from walking on level ground. Even to those with slight dilatation of the heart gentle ascents at a slow pace are very useful.

The benefit of walking is much enhanced by taking once or twice a week a longer walk in the country, and infinitely more so by walking tours of some weeks in mountainous or hilly regions. Marvellous is the improvement effected by them in the physical and mental condition. Old people need not be quite debarred from the benefit of such tours; they ought not to climb high mountains and glacier passes, but with judicious limits they can, with great benefit to themselves, do much more than is generally admitted.

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Many other forms of muscular work can be advantageously substituted for walking, such as riding on horseback, hunting, shooting, cricket, football, golf, fishing, etc., some of which not only benefit the body, but also the mind and the character.

By walking we employ principally the muscles of the legs and the spine; we must also put into action those of the arms and the thorax. Those of the thorax we exercise thru deep inspirations and expirations, which we effect by the contractions of the intercostal muscles and the diaphragm. In so doing we massage the ribs, expand the thorax and the lungs, keep up their elasticity, powerfully influence the contractions of the heart, and compress the organs in the abdominal cavity. By the massage of the ribs we keep them in a healthy condition, the bone substance as well as the marrow, with its blood-forming function.

With the respiratory movements we ought to combine exercises of the arms in various ways, extending them, for instance, vigorously with a deep inspiration, contracting them with a full expiration; raising them perpendicularly with deep inspirations, so as to allow the air to pass freely into the apices, which, with shallow breathing, are often insufficiently expanded, and are apt to become seats of disease. The habit of shallow breathing ought to be entirely avoided, and that of full breathing, which can and ought to be substituted for it, can and ought to be acquired by every one.

The effect of these arm gymnastics is, however, not restricted to the muscles of the arms alone, but extends to those brain centres which initiate their movements. As soon as they become active, an increased amount of blood rushes to them, the small blood vessels are forced to work, and the work keeps both the blood vessels and the brain substance in a healthy condition.

The muscles of the trunk we put into action by moving the trunk upwards and downwards with deep inspirations and full expirations; or by turning the body in the erect position as much as possible around its axis, with deep inspiration from the left side to the right, and with full expiration from the right to the left. There are many other methods of exercising the different sets of the muscles of the trunk.

All the muscular actions of the body have a certain action on the bones. Each contraction of a muscle causes a pull on the bone to which it is attached; this pull acts as a kind of massage on the periosteum, the bone substance, and the bone marrow. The nutrition of the different parts of the bones is thru this process maintained; the well-known brittleness of the bones in old age is prevented, the bone marrow is kept healthy, and by improving the composition of the blood increases its power to combat hostile bacilli, and thus prevent disease.

After this short discussion of the muscular actions on different parts of the body, I venture to point out the following effects:

1. Increased afflux of blood to the muscle with each contraction.

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2. Increased nutrition of the muscle, combined with improved metabolism and production of body heat.

3. Increase of exchange of fluid between blood and tissues.

4. Facilitation of the removal of waste products.

5. Preservation of the elasticity of the thorax and lungs.

6. Abundant supply of oxygen for the blood and the metabolism.

7. Maintenance of a healthy condition of the organs of circulation, from the heart to the smallest arteries, capillaries, and lymphatics.

8. Massage of the bones, keeping up the healthy condition of the bone substance and all the bone marrow, and thru this the formation of a sufficiency of blood efficient for the fight with hostile bacteria entering the blood.

9. Increase of the resisting power of the body against disease.

10. Persistence of the working capacity of the brain centres, which initiate the action of the different sets of muscles.

I add to this short paper a personal note regarding my view of the influence which muscular exercise has had on my longevity. I do this in the hope that some of my professional brethren may accept this view, and may induce their friends and patients to act on it in order to prolong their lives. I take no gloomy view of the conditions of old age, but think it a privilege to obtain a long life. It has not, I concede, all the pleasures, nor the powers—mental and physical—nor the imagination of youth; but it need not be helpless, useless, cheerless, and friendless if the aged person endeavors to be in harmony with the aims of the younger generations; and happily the mental faculties, especially intelligence, often survive the physical powers for many years, and enable the aged sometimes to give useful advice to his younger friends.

Altho I know that it is not the exercise of the muscular system alone to which I owe the satisfactory condition of health and strength which I retain in my 95th year, but that the attention to hygienic conditions in general, to the digestive functions, to the mental work, and the tenor of the mind as I have explained in my little book on *Prolongation of Life,* has a great share in it, yet I am sure that the keeping up of the muscular system has played a prominent part in it, and does so still. The facts of my spending daily two to three hours in the open air, walking, as a rule, thirty, more frequently forty or fifty, miles a week and enjoying the beauties of nature, have not only an exhilarating effect on my mind, but keep up the whole organism and the resisting power to a considerable degree for my age. The possibility of heredity might be suggested, but this suggestion will probably be discarded, when I state that both my parents died in the 60th year—my father from cerebral apoplexy (a frequent cause of death amongst his forefathers), my mother from inherited weakness of the heart, leading to frequent bronchial attacks, anasarca and effusion into the pleural cavities. One might rather say that

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I had inherited a tendency not to long life, but to these life-shortening morbid conditions. If so I have been able to counteract them by energetic fighting against them from an early period of life.

THE DRAFT AS A TEST OF THE NATION'S PHYSICAL STAMINA.

BY EDWARD N. CLOPPER, PH. D.,
Secretary for Northern States, National Child Labor Committee.

Just as we were becoming convinced that the rising generation in the country was feebler than that in the city, the Provost Marshal General's report on the draft is published which routs the conviction by saying, "it is virtually a tie for the country boy and the city boy." No longer can we jump to such sweeping conclusions as that the urban population is stronger, healthier and more robust than the rural, but we may be reasonably certain that unless measures are taken in the country as have been taken in the cities for the preservation of children's health, the difference between the future generations of country and city dwellers will be marked indeed. It is said that 1 per cent. of city children as against 3.7 per cent. of country children are afflicted with lung trouble; 0.13 per cent. of the former as against 3.5 per cent. of the latter have spinal curvature. The country children suffer from twice as much mental defectiveness, five times as much ear trouble, four times as many defects of the eye, three times as many enlarged tonsils and adenoids, twenty times as much caries of teeth, and 8 per cent. more malnutrition.

In the face of these depressing facts it is cheering to see the official statement of the Provost Marshal General backed up by a statistical table, which appears in his report to the Secretary of War on the first draft under the Selective Service Act of 1917. The promptness with which this report was published, by the way, sets a fine example in the compiling and printing of information of general interest while it is fresh and valuable.

The physical examinations given thruout the country to two and one-half million young men to determine their fitness for service in the Army resulted in the acceptance of 71 per cent. and the rejection of 29 per cent., which may be considered a very good index of the general physical condition of our population, at least of the one sex, and that at the most vigorous period of life. The report then discusses the figures from various viewpoints. To quote the paragraph that interests us here: "As between urban and rural residents, the figures throw an interesting light on the much discussed question of the relative physical condition of country and city boys. Selection was made of a typical set of cities of 40,000 to 500,000 population having no large element of foreign immigrants and distributed over ten different states (Alabama, Arkansas, California, Colorado, Kansas, Montana, Nebraska, New York, North Carolina and Texas), and a corresponding set of counties of similar total size located in the same states and containing no city of 30,000 population;

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the total number of registrants represented was 315,000." In this comparison it was found that in the urban areas, of the total persons physically examined 71.53 per cent. were accepted and 28.47 per cent. rejected, while in rural areas 72.04 per cent. were accepted and 27.96 per cent. were rejected.

It certainly seems that the Provost Marshal General was justified in reaching the conclusion that the results showed no real difference between the young men of the city and those of the country, and as this was an apparent contradiction of the results of the physical examinations given to children, it appeared impossible to reconcile the two sets of findings. But upon reflection it occurred that as the counties selected by the Provost Marshal General to represent rural conditions contained no city of 30,000 or more inhabitants, since this population of 30,000 had been fixed as the dividing line for the organization of counties and cities into separate districts for administering the Selective Service Act, it was probable that the figures for the rural districts might and probably did include many cities with fewer than 30,000 inhabitants. So we set to work to throw more light on the vexed question, for after all it might still be true that more urban men than rural were found to be physically fit for the Army.

Fortunately the report gives the figures for every county and city district of each state, and we chose 151 counties in the states of Illinois, Indiana, Iowa, Michigan, Missouri, Ohio, Pennsylvania and West Virginia, none of which had in 1910 an incorporated place with a population of even 2,500, nor had many colored or foreign-born residents. In the same states we selected 27 cities having populations ranging from 25,000 to 250,000 and with the smallest percentages of foreign-born and negroes. They were counties and cities of native white population, devoted to manufacturing, mining and agriculture, in a representative section of our country. The total number of men examined in these selected urban and rural districts was 102,208. We figured the percentages and found that of the rural citizens 73.4 per cent. were accepted and 26.6 per cent. rejected; of the urban citizens 73.4 per cent. were accepted and 26.6 per cent. rejected. The Provost Marshal General was right.

Soap in Wound Treatment.

Dr. J. B. Haycraft (*Brit. Med. Jour.*, Jan. 19, 1918) recommends a solution (1:40) of pure hard soap for the treatment of wounds. One part of the soap is cut into shreds, dissolved in 20 parts of sterilized hot water, and this solution is mixed with an equal volume of sterile water when required for use. This solution easily penetrates and comes in contact with the whole surface of the wound. It acts as a mechanical cleansing agent. Complete excision being impracticable in deep wounds, these heal well when treated with the soap solution and primary suture. Success is dependent on getting cases within a few hours of their being wounded.

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Medical and Therapeutic Items

Epilepsy and Its Relation to Teeth, Alcoholism, and Mental Defects.

Dr. Hale Powers (*Bost. M. and S. J.*, Dec. 14, 1916) does not believe that epilepsy is in every case the result of infection by a specific organism, because he has often seen the arrest of the disease follow the correction of errors in diet without any treatment designed to remove a supposed infection, while, on the other hand, he has never observed that the disease was arrested when these simple measures were neglected, even after the removal of the colon, or the persistent use of intestinal antiseptics. He has observed many cases in which the failure of the teeth to perform their function was a factor in the production of epilepsy. A patient, nine years of age, had been well until one and a half years of age, the period when children begin to eat solid food. She then had diarrhea, followed by a series of convulsions during which there was a cerebral hemorrhage. She ate a great deal, was very constipated and could not chew because the upper molar teeth were carious and the upper front teeth absent. She improved greatly since having her diet adjusted to the condition of her teeth. The author states that this has been true of all cases that came under his observation. In his opinion, this instance is typical of all cases in which the diagnosis of "organic" as distinguished from "idiopathic" epilepsy has been made.

From the observation of several cases the author came to the conclusion that overfeeding, in a mistaken effort to restore the patient's strength, is often the actual cause of an epilepsy following an injury or an illness. He contradicts the statement that constipation and indigestion are the results of epilepsy. In more than three hundred consecutive cases he has invariably obtained a history of digestive troubles preceding the epilepsy. Two of his epileptic patients were a boy of fifteen and one of five, who had bad home conditions. The first patient's father being a drunkard, the boy was always compelled to go out and earn money to buy food before he could eat; the second boy was neglected for the same reason. The author denies that epilepsy in the children is the direct result of alcoholism in the parents, but maintains that it is caused by neglect. For his assertion he finds experimental proof in the fact that epilepsy in the children of alcoholic parents is just as amenable to treatment as epilepsy in other children, provided that they can receive proper food and care. To epilepsy in children of mentally defective mothers the author attributes the same reason as to its occurrence in the offspring of alcoholic parents, namely, neglected and wrong diet.

The relation of epilepsy to mental defect is another point in regard to which Dr. Powers is at variance with the authorities. In his opinion, the frequency of epilepsy in the feebleminded is not an evidence that it is a disease of the brain; he believes that

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his theory of intestinal origin is in absolute harmony with observations made on the mental defectives. All of the imbecile epileptics seen by the author have swallowed their food without chewing, and have eaten more than they could digest. He believes that the absence of the sense of having eaten enough is an evidence of mental defect, and also a factor of some diagnostic value. The causes of mental defect developing after the beginning of epilepsy he attributes (a) to vascular lesion in the brain occurring during the attacks; (b) to the destructive effect of irritating toxins upon the finer tissues and structures of the central nervous system; (c) to the similar effect of bromides. In the author's opinion, there is no specific cure for epilepsy and it should be treated, like tuberculosis, by common sense methods, with close attention to detail. In the majority of cases the dentist should be consulted. The condition of the teeth should be the guide to be followed in prescribing the diet. Fried food, fried meet, fresh white bread, and other indigestible things should be avoided. Epileptic children are frequently made worse by drinking large quantities of milk. Any solid food which the patient cannot chew should be forbidden. The writer has seen many patients growing steadily worse on a vegetarian diet. Meat if properly chewed, is not harmful to these patients. The temporary relief that sometimes follows the exclusion of salt from the diet he explains by the fact that the patient has eaten less because his food has been rendered unpalatable. As to the frequency of heredity, Dr. Powers points to the fact that wrong habits of eating are handed down from one generation to another.

Dental Malformations Not Always Peculiar to Syphilis.

Galippe (*Bull. de l'Acad. de Méd.*) shows that there is no dental anomaly of shape, size, side or structure which is peculiar to inherited syphilis and cannot be found with other inherited taints.

Reflex Cough from Foreign Body in Ear.

Correa (*Semana Medica*) traced several cases of spasmodic cough to some lesion or foreign body in the ear. In a young man extraction of the hardened wax cured his deafness and cough. A boy of 4 had a spasmodic cough every time his ears were washed in cold water; a shoe button was found in one ear.

General Treatment of Gonococcal Infection.

S. Mélamet (*Bull. de l'Acad. de Med.*) cures gonococcal infections by intramuscular injections of permanganate or colloidal manganese with the aim of destroying the gonococcus in the urethra as well as thruout the system. No urethral treatment is used. He believes that the antigonococcic action of potassium permanganate is due to the manganese it contains.

N. Y. M. J. 1. 5. '18, p. 39

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Juvenile Diabetes.

An editorial in the N. Y. M. J. (Dec. 29, 1917) maintains that the idea of an unfavorable prognosis in diabetes in the young can no longer obtain under the newer conceptions concerning the disease. The hopeless prognosis in the young patients, the writer points out, is due in great part not altogether to an intrinsic severity of the disease but to the tardiness with which the disease is discovered in them. Much of the newer findings in diabetes, heretofore not understood as applying to the hopeless juvenile form, may apply with better effect than to adults who often suffer from the effects of other diseases, provided always that the diagnosis is made sufficiently early. In regard to the treatment, the writer emphasizes that the restriction against a carbohydrate free diet be more tightly drawn in children than in adults. A child is always much nearer the brink of an acidosis than an adult, moreover, the child needs a great deal more sugar in his nutritive scheme and is provided normally with a greater capacity for the assimilation of sugar.

Changes in the Purged Intestines.

The *Jour. of the Am. Med. Ass'n* (Dec. 29, 1917) writes that a direct test of the physiologic effects of purgation on the condition of the bowel was made by Alvarez and Taylor (*Calif. Med. School*), who conducted the experiments on animals. According to their findings, calomel and cascara did not seem to poison or fatigue the segments of the intestine, as did castor oil, magnesium sulphate and jalap. The investigators conclude that it is not wise to purge shortly before an operation in which the bowel must stand drying, handling, cutting and sewing.

Sodium Arsenate in Soft Chancre.

Goubeau (*Bull. de l'Acad. de Med.*) uses a 2 per cent suspension of sodium arsenate in alcohol (95 per cent) as an application in soft chancre. The chancre is painted with this daily, and when there is a complicating bubo this is injected with 1 or 2 c.c. of a 1 per cent aqueous solution of the arsenate on alternate days. By this method the duration of treatment is considerably shortened.—*The Prescriber.*

The Treatment of Influenza.

An editorial on influenza, *Medical Council,* March, 1918, calls attention to the various angles from which the disease is viewed. In England, where "epidemic colds" are common, when such an epidemic starts, the health officer cultures secretions from a few typical cases, determining the organisms involved; and a stock vaccine is prepared which is adapted to local conditions. The editor suggests that such scientific immunology clinically applied should be undertaken here.—In a case of coryza with a rise in temperature out of proportion to the local inflammation first in importance is absolute rest in bed. Calomel and

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soda is followed by nitrous ether or solution of ammonium acetate, with Dover's powder and a hot foot bath at night. It has been asserted that quinine shortens the attack. Locally the following formula is recommended: Cocaine hydrochloride, 5 grains; liquor epinephrin chloride, one fluidrachm; normal salt solution, q. s. Ad. one fluid ounce. A few minims are sprayed into each nostril every three or four hours. Five minutes after each application the nasal chambers are irritated with normal salt solution, followed with this spray: Camphor and menthol, of each 5 grains; liquid petrolatum, one fluid ounce.

In all cases of infants and older children, keep the bowels, skin and kidneys active, but never depress the patient. Careful nursing is a large factor. In the aged antipyretics and depressing drugs must be avoided, and it is always safe to treat a case much like senile pneumonia. In regard to the serious types of the disease absolute rest in bed on a semi-solid diet is always recommended. The emunctories must be stimulated and mild antipyretics, such as nitrous ether or solution of ammonium acetate, may be demanded in the early stages. Phenacetin, usually combined with camphor, citrated caffeine, salol, sodium benzoate, quinine, strychnine or Dover's powder, if not given in excess, may often do good; but in the extremes of life it should not be used. The writer agrees with those who prefer sodium salicylate, acetyl salicylic acid, or in neuralgic cases, salicylate of cinchonidine, to the coal tar products, and recommends salicylates made from the natural acid, not the synthetic product. In numerous cases, gelsemium and cimicifuga have given great satisfaction. They relax the nervous and muscular tension and in fair doses are not depressing. In convalescence, good food, tonics, cod liver oil, and a general sustaining line of treatment are demanded.

Treatment of Acne and Furunculosis by Tin.

According to an editorial of the *Interstate M. J.*, February, 1918, brilliant results have been reported from France by Frouin and Grégoire who have shown, by experiments in vitro, that metallic tin, or the oxide of that metal, is specifically capable of inhibiting the anaerobic growth of staphylococci. While it has no antiseptic power against staphylococci growing aerobically, tin does notably attenuate the virulence of the organism in such conditions. These results, fortified by the observation that furunculosis was unknown among the tin workers of Beauce, encouraged these investigators to test the therapeutic value of tin in staphylococcic infections. The product used, named stannoxyl, is a mixture of tin and oxide of tin, free from lead. The drug is usually employed in the compressed form, usually called "tablets," tho not even remotely resembling a tablet. The mode of administration is by the mouth. The results have been highly satisfactory.

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Tartar on the Teeth.

....Every one knows, or should know, that tartar upon the teeth is simply the result of failure to brush and clean them properly. But such commonplace advice has little that is attractive about it, and means such a lot of trouble, not merely every day, but three or four times a day. Here is published a cure for tartar, which apparently only needs to be used twice a week: "Buy five cents worth of pumice stone and clean your teeth twice a week with it, and notice how the tartar disappears." This is one of the cures that "works." The tartar will disappear and something else with it—that is, the polish of the enamel, the natural glass which coats the teeth and is their principal protection against decay. Tartar is bad enough, but too much pumice stone may be worse. By cutting and scratching the natural surface of the teeth it will merely lay the foundation for the accumulation of more tartar and make openings for the acids of the food and the juices of the mouth to attack and eat away the teeth. Brush the teeth and gums thoroly after every meal and at bedtime with a moderately stiff brush, with plenty of cold water to which a little mild alkali, like bicarbonate of soda, or some local antiseptic may be added once or twice a day, and let the brushing include not merely the teeth, but the gums and the inside of the lips and cheeks as well, and you will have no need of pumice stone.—DR. WOODS HUTCHINSON.

Hemorrhage from the Lung

E. Ebstein treats hemorrhage from the lung by intravenous injection of a hypertonic salt solution. He adds 0.02 per cent. calcium chlorid to a 10 per cent solution of salt, having the mixture put up in ampules containing 2 c.c. He injects, as a rule, about 5 c.c., and repeats several times, even after the bleeding has stopped.—MUENCHENER MED. WOCHENSCHR.: *Quoted in J. A. M. A.*, 2, 9, '18, p. 362.

Ulceration in Conjunctivitis.

Hydrochlorate of hydrastin	1 grain
Sulphate of zinc	3 grains
Rose water	1 ounce

From 5 to 10 drops in a dram of warm water may be dropped slowly into the eye two or three times a day. For any form of persistent ulceration this combination can be varied to suit the condition and will be found valuable.—*Medical Brief.*

Pruritus Scroti.

Acid salicylic	dr. 1
Beta naphthol	dr. 1
Acid chrysophanic	dr. 2
Acid benzoic	dr. 1
Paraffin molle	oz. 2

Make an ointment. First wash the scrotum with 2 per cent solution of copper sulph., then apply the ointment.

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Hygiene and Dietetics

Teeth and Turnips.

In an editorial in the *Chicago Medical Recorder* (Febr., 1918) the eating of the yellow turnip is suggested as a good method of cleaning teeth. Moreover, the yellow turnip contains much nourishment and has so much cellulose that it is a good agent for keeping the colon active and clean. When properly cooked and served it is a good second for the potato in nutriment, and as a stimulant to the intestinal action is far superior.

The Uses of Alcohol.

I, for one, think that, as a medicine alcohol is a very useful drug, and I should not care to be treated in a serious illness by a physician who was possessed with the dogma that the use of alcohol is always and ever bad. He is a much honester physician who will prescribe alcohol for the sick, as alcohol, than the "teetotal" physician who recommends sal volatile—a drug containing as much alcohol as does whiskey—or prescribes "rectifield spirits" in an eight-ounce bottle with a little burnt sugar to disguise the color! As an ordinary beverage, also, a glass of good beer or ale, or of good claret, will always be a useful drink for those who do not care for water or milk. Many seem to forget that the Creator has made man a thirsty animal, his body being made up, in two-thirds of its weight, of water; and that, as he loses some four to six pints of water daily thru his skin, lungs, kidneys, and other organs, he must replace this waste.—Dr. R. R. Rentol: *"Race Culture"*. (But why replace it by alcoholics, instead of by water, milk, mineral waters or grape juice?)

Breast Milk and Cow's Milk in Relation to Human Tuberculosis.

Drs. S. J. Wang and F. Cooley, during the last year and a half at Sea View Hospital, S. I., N. Y., conducted a series of examinations of the breast milk of tuberculous women for tubercle bacilli. From the negative results of these examinations the writers conclude that tubercle bacilli are infrequently found in the breast milk of tuberculous women who have no mammary disease. The possibility of infection from such milk is slight, but it is best to interdict nursing in every instance, because of the additional dangers, that of infection during the intimate relationship of the mother and the nursing child, the possibility of toxic substance in the milk, and the bad effects of nursing on the mother.

On the other hand, Dr. W. Shimer (*Ind. St. M. A. J.*, 1917, x, 193) has studied the relation of cow's milk to human tuberculosis. According to his statistics, one dairy cow of every ten has tuberculosis (i. e., in Indiana). Hence, if every dairyman kept ten or more cows and mixed the milk, all of the milk would con-

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tain tubercle bacilli. Cows rarely suffer from tuberculosis of the udders; the chief source of the tubercle bacilli are the feces. Most market milk contains manure; there are always bacilli in the manure of cows with tuberculosis, as they swallow their sputum. Cream is one of the greatest sources of danger. As long as raw milk from tuberculous cows, or its products, continues to be used, living organisms will find entrance into the human organism. The bovine type of bacillus is responsible for about 1 per cent. of infection in man and 5 per cent of infection in children under fifteen years of age.—From *Am. Jour. of Dis. of Children,* March, 1918.

The Flavor of Beverages.

The excitation of sensations of taste is of an exceedingly complex nature. It is well known that the sensory conception depends not only on the stimulation of the gustatory nerve endings by the Sapid material, but also on the olfactory sensations induced at the same time. It is not as well known that tactile sensations perceived simultaneously from the lips and tongue, are concerned in the production of gustatory sensations. This fact is illustrated by the effects of the size, shape and materials of drinking vessels on the sensations experienced during the swallowing of beverages. Ale does not seem to have the same flavor when taken in a teacup as when drunk from a silver or pewter tankard. Metal appears to be needed by some persons to bring out the savor of beer, while others insist on the use of the stoneware mug. Tea served in a tumbler lacks the taste of tea in a porcelain cup. Again, wines as claret and port, do not seem as palatable when partaken from a metal cup. Whatever may be the reasons for the altered sensations, we cannot lose sight of the complexity of the physiological conditions underlying the perception of taste. No physician can afford to neglect the study of these facts and fail to avail himself of their use in feeding the sick. The flow of the salivary and gastric digestive juices is, in part, influenced by the sensations produced by mastication of the food. The service of food and drink in a way calculated to yield the full flavor to each article, will greatly assist the dieting of sick persons.—We glean these points from an esteemed contemporary in the antipodes. *The Medical Journal of Australia.*

Underweight in Infants from Excessive Fat Feeding.

In an editorial in the *N. Y. Medical Journal* (Dec. 22, '17) attention is called to the fact that excessive fat in infant food causes fat dyspepsia with loss of weight, colic, marked constipation, and a stool which is colorless and contains soapy concretions. The fat and the calcium salts combine to produce these calcium soap concretions, and the conversion of bile salts causes the colorless stools. The writer emphasizes that periodical analyses of samples of mother's milk, or definite knowledge of the ingredients of other foods used must be included in an intelligent treatment

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of infants. The finding of what is considered a normal percentage of fat in combination with these symptoms should result in the reduction of the fats to the point of tolerance. In mother's milk low quantity and high fat will be rectified by methods tending to amplify the quantity of milk, such as diet, exercise, and fresh air. Where the quantity cannot be increased and the fat percentage remains unduly high it is better to wean than to attempt to supplement with a formula prepared from cow's milk where the fat percentage will be still further raised. In the treatment of fat dyspepsia in artificially fed infants the main consideration should be the entire removal of fat for a period. In these cases even whole milk—not top milk—has too much fat. Only skimmed milk is tolerated, and fat can be but very gradually introduced, and never beyond the degree of tolerance. During the period of fat abstraction carbohydrates must be substituted. In the writer's opinion, Malt sugar is the best substitute, but it should not be pushed beyond the degree of tolerance. Some of the proprietary foods will be found helpful as adjuvants altho not as entire substitutes.

Laxative Foods.

The result of the use of laxatives is the development of a more and more stubborn constipation. There are so many dietetic agents that recourse to injurious medical substances is unnecessary. The feces consist largely of residues which excite the intestines; if we wish to have the bowels moved, we must ingest in our food a sufficient quantity of slags or residue. A diet rich in residue contains much cellulose; many green vegetable fruits and some cereals furnish such a laxative diet. Among such are spinach, carrots, green beans, sauerkraut and the cabbages; the leguminous vegetables—beans, peas, lentils—oat and rye bread, dried fruits, plums, cherries, grapes, pineapple, etc., all act upon the bowels. Care should be taken to have certain fruits and other foods well represented in the diet. At breakfast, in the spring, a certain quantity of cherries, all the year round, honey and certain fruit marmalades may be used. Pineapple, fig, and orange marmalade, plum butter, etc., exert a good action. At noon, spinach or some others of the above mentioned vegetables; every day, both at noon and in the evening, stewed fruit, such as rhubarb, cherries, grapes, figs, or dried plums. On rising, a glass of cold water, and a little later, 1 or 2 fresh oranges. Before breakfast, ½ or 1 orange or a grapefruit. The drinking of milk, and especially of sour milk, kefir and jogurt may also give excellent results. Plenty of exercise is a requisite.—From DR. ARNOLD LORAND, *Health and Longevity Thru National Diet.*

And with all that recourse to medicinal laxatives is now and then unavoidable. I have seen people who for months and years followed the instructions of our dieticians—and still their bowels would not move, or only scantly, without some laxative.—Editor.

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Eugenics and Sexology

The Problem of the Feebleminded and Sterilization.

....It is fair to presume that a great deal of the drudgery of the world is done by persons who, according to any accepted standard of mental measurement, would be classified as feebleminded. The enormity of the whole project comes plainly in view when we learn that in order to carry out the work to the highest efficiency which will result in the most rapid elimination of the unfit and consequent regeneration of the race, that ten percent of the population would have to be sterilized, that is, in this country ten millions of people.—Dr. William A. White.

"Wastrels."

In refuting certain writers who assume that the failures in our modern society are so thru their own fault, that they are "wastrels" who deserve neither pity nor help, Alfred Russel Wallace (*Social Environment and Moral Progress*) draws attention to Dr. Barnard s work in rescuing these "wastrel" children from the gutter and the work house, treating them well and kindly, training them in work, and sending many thousands to Canada. A record of their subsequent life was kept, and it was found that very few failed to do well, while a large majority became valuable citizens in their new home. On the whole, they were in no way inferior to the average of emigrants who go at their own expense, and who are admitted to be among the best of our workers.

The Abnormality of Genius.

Maximilian P. E. Groszmann (*The Exceptional Child*) reminds us that the individual of exceptional powers, the "superman,' is not altogether normal in the sense of an even equilibrium, but of tremendous importance for the progress of humanity—the most forceful variation. In fact, the genius is a deviation from the normal, often pathologically so, paying for exceptional brilliancy by sacrificing other normal faculties. According to the French proverb, "Les extrêmes se touchent," genius is related to insanity and even feeblemindedness. Yet, genius is also the fulcrum of human progress.

Peculiar Marriage Beliefs.

Ethel L. Urlin (*A Short History of Marriage*) suggests that the early fairy tales throw much light on the ideas of primitive peoples regarding marriage. The intrinsic truth of these tales makes them the very best initiation for children into the mysteries of love and marriage. The myths enshrine some essential facts, put in a form so perfect that a high ideal is held up before the child, and is never afterwards forgotten. Tales like

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The White Cat, Cinderella, The Sleeping Beauty in the Wood, and many others are legacies from early civilizations, when the winning of the bride and the deserving of the bridegroom were no easy task, but dependent on high moral qualities tested and strained to their utmost proof. In the early tales we note the ideal of love, as leading to marriage, gradually emerging from a more barbaric conception. The real old fairy tale is the descendant of actual customs once observed in primitive communities. The supernatural element prevailing in these tales is the outcome of the superstitions always closely connected with marriage, some of them dating back to hoary antiquity. They have to do with the month, the day, the manner of entering the new home, and, in fact, with every detail. The ancient Grecian bride, upon arriving at her husband's house, wound flax about the doorpost, and, with distaff and spindle in her hands, typifying industry and thrift, was carried over the threshold lest her foot should touch it. In Ireland the last day of the old year is thought specially lucky for weddings. June was considered the lucky month among the Romans, being supposed to be derived from and sacred to Juno. The Hindoo bride had to look at the sun on her bridal morning. In Central Asia both the bridegroom and bride had to greet the sun on rising. Hence, "Happy the bride the sun shines on." In Brittany, if a bride wishes to be master, she believes she can bring this about by taking care that the ring shall slip down her finger, without stopping at the first joint. The Russian bride must not on any account eat wedding cake before the ceremony or she will lose her husband's love. In India a marriage would never be celebrated if it rained, but the full moon is a specially propitious season. The sprig of rosemary tied with silver lace used to be a great feature at weddings. "Rosemary for remembrance" was the symbol of constancy and unchangeableness. From thence arose the custom of the bride and bridegroom each dipping their sprig of rosemary in the love-cup before drinking. In Prussia and other parts of Central Europe, throwing broken crockery at doors is a regular practice at marriages. Breaking a stick is part of the marriage ceremony of the American Indians. According to a picturesque Bengali fancy, if a butterfly enters a house there will soon be a marriage in the family; while, if it flutters around any particular person, he or she is undoubtedly the destined one. A very ancient Greek form of divination was called alectryomancy, or divination by the cock. A circle was traced on the ground, and divided into twenty-four compartments, on each of which was a letter of the alphabet, represented by grains of corn. When the cock was let in, the grain he first selected stood for the name of the future husband or wife.

Our Declining Birth Rate.

Dr. Woods Hutchinson (*"Civilization and Health"*) pointing to the in certain quarters much deplored declining birth rate, suggests, first of all, that this phenomenon is not peculiar

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to America, but is going on at present [written before 1914] in every nation of Europe, even in those that are most advancing in civilization and prestige. Second, that it is not in any sense due to the decline of racial vigor or actual reproductive power, but solely the deliberate intelligence and conscientious determination upon the part of parents to limit the number of their children to that which they can properly and adequately feed, educate and fit for life; that historically, instead of being a mark of a decaying race and failing civilization, it has always been an accompaniment of a rising nation and an improving physique, and probably always will be. The author says it is not the size of a nation or man, but its efficiency, that counts, and the motto of intelligent eugenic parentage must be "better children and fewer," and no amount of jeremiads or exhortations are going to alter this fact. It is a move in the interest of the child and of the future, instead of against them, and the twentieth century will never go back to the indiscriminate spawning of the eighteenth. If either mothers or children had been consulted, the change would have taken place long before.

The Sex Appetite a Cinder to the Suggestive Spark.

The appetites differ in infectiousness... The Sex appetite is more vibrant and suggestible than either of the others. Truly appalling is the swiftness with which sensuality and lewdness may infect a people. In a mushroom mining camp debauchery is swifter than drink in breaking down steady habits. Lust is a monster that can be lulled to sleep only with infinite difficulty, whereas a pin prick, a single staccato note is enough to arouse. The ordered sex relation is, perhaps man's greatest achievement in self domestication.

....Moreover, if, as experience seems to show, the social evil cannot be utterly stamped out in cities, it is better to sweep it aside into some "tenderloin" or "levee" than to let it flount in the frequented streets. The public owes little thanks to the mistaken zealots who assult segregated vice so energetically as to drive it forth into tenements where its virus finds sound material to work on.—EDWARD A. ROSS: *Social Psychology.*

Think Twice before you adjudicate a Person Mentally Inferior.

Sterilization has been advocated and, in some places, legally enacted as a seemingly simple measure for preventing degenerate and defective types from propagating their kind. Maximilian P. E. Groszmann (*The Exceptional Child*) does not see any need for the employment of such a drastic measure. He points out that the danger of perpetuating these types can be materially minimized by establishing well regulated custodial care for these unfortunates *before they reach the age of puberty*. To show how erroneous it would be to treat feebleminded heredity as a simple problem the author points to reports of instances of very

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creditable specimens of humanity springing from a degenerate ancestry going back some generations.

Feeblemindedness as defined by a number of prominent eugenists would seem to show that it refers to a condition so vague and obscure that it might be applied to a very large number of persons in various walks of life. The author is not sure but that many rather eminent characters, men and women who have contributed vitally to the sum total of human achievements, would fall under the definition of feeblemindedness as "a legal or sociological term," having been quite incapable of commercializing their genius, and having been total failures as business assets. Many of those who have been put down rather low in the scale of intelligence will surprise us by becoming perfectly useful citizens as soon as their economic conditions, their environment in general and, with this, their opportunities are improved. Many a person has been ostracized in his community because he was different from his Philistine neighbors. He became a failure in life thru disappointment. Possibly he sank to the level of despair thru drink to escape in forgetfulness the unsurmountable walls which his narrowminded neighbors had erected around his aspiring soul. We should think twice before we judge. To put down, as has been done in scientific articles, a humble family living in a shack as mentally inferior to their wealthy neighbor in a fine house, is invidious. The successful neighbor may have been an unscrupulous crook in his business methods, and the dweller in the shack may have been one of his victims.

Menstruation in Female Apes.

The mature females of many kinds of apes suffer a periodical discharge of blood from the womb, which corresponds to the menstruation of the human female. The secretion of the milk in the glands and the suctorial process also take place in the female ape in precisely the same fashion as in women.—ERNST HAECKEL: THE RIDDLE OF THE UNIVERSE.

Genius and Morbidity.

Genius arises from the undue stimulation by means of nerve nutrition of certain functions of the brain at the expense of others, and this departure from the normal course is liable, thru the principle of metamorphosis, to lead to functional disorders among the blood relatives of the person affected. Of the morbid character of some forms of genius there is no doubt.—J. F. NISBET: *Marriage and Heredity.*

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Of General Human Interest

Two Kinds of Outcasts.

There are two kinds of human outcasts. Man, in his march upward out of the deep into the light, throws out a vanguard and a rearguard, and both are out of step with the main body. Humanity condemns equally those who are too good for it, and those who are too bad. On its Procrustean bed the stunted members of the race are racked; the giants are cut down. It puts to death with the same ruthless equality the prophet and the atavist. The poet and the drunkard starve side by side.

Of these two classes of victims the stragglers are not more in need than the forlorn hope; but the ambulance has always waited in the rear. It would seem as tho the vanity of benevolence were soothed by the sight of degradation, but affronted by that of genius. Even the loafer and criminal have found friends. The thinker and the discoverer have been left to the struggle for existence. For them are no asylums: for them no societies stand ready to offer help....

ALLEN UPWARD in *The New Word.*

They Were Wiser Than They Knew.

Henry Drummond (*Ascent of Man*) cites Herodotus who observed a curious custom in Egypt. At a certain season of the year, the Egyptians went into the desert, cut off branches from the wild palms, and bringing them back to their gardens, waved them over the flowers of the date palm. Why they performed this ceremony they did not know; but they knew that if they neglected it, the date crop would be poor or wholly lost. Herodotus offers the quaint explanation that along with these branches there came from the desert certain flies possessed of a "vivific virtue" which somehow lent an exuberant fertility to the dates. But the true rationale of the incantation is now explained. Palm trees, like human beings, are male and female. The garden plants, the date bearers, were females; the desert plants were males; and the waving of the branches over the females meant the transference of the fertilizing pollen dust from the one to the other.

Why Man is a Social Being.

Man is very social because he is weak as compared with many species which prey upon him, because his young are born very helpless and remain so for a long time, and because he has a highly developed nervous system which furnishes the basis for a high degree of intelligence, thus making possible a high degree of mental interaction, from which result a good deal of pleasure and a great deal of cooperation and mutual aid in the form of a social division of labor which facilitates greatly the securing of

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food and other necessaries of life. If it had not been for these advantages accruing from association, man would not have been social, despite the belief of many that it was preordained that man should reach the highest point in mental and social evolution and should thereby dominate the rest of the animal world.—MAURICE PARMELEE: *"The Science of Human Behavior."*

The Tyranny of Ancestry.

No power of microscope or chemistry, no power which science can make use of, will enable us to distinguish the human ovum from the ovum of a quadruped; yet it is most certain that the former has inherited in its nature something whereby it develops under suitable conditions into the form of man, and that the latter has in like manner inherited something whereby it develops under suitable conditions into the form of a quadruped.

Not only has the human ovum this destiny of the species in its nature, but each particular ovum has an individual inheritance which makes for it an individual destiny. Men are in much alike, but each individual differs in some respects from any other individual who now exists, or, it may be confidently assumed, ever has existed or ever will exist. And this is not a difference which is due to education or circumstances, but a fundamental difference of nature which neither education nor circumstances can eradicate.

Let two persons be placed from birth in the same circumstances and subjected to the same training, they would not in the end have exactly the same pattern and capacity of mind any more than they would have the same pattern of face; each is under the dominion of the natural law of evolution of the antecedents of which he is the consequent, and could no more become the other than an oak could become an elm if their germs were planted in the same soil, warmed by the same sun, and watered by the same showers; each would display variations which by the operation of natural selection would issue finally in distinct varieties of character. There is a destiny made for a man by his ancestors, and no one can elude, were he able to attempt it, the tyranny of his organization.—DR. HENRY MAUDSLEY.

Self-Determination.

Much unhappiness could be avoided if we would only permit people the luxury of their own peculiarities and not desire so ardently to make them over according to our own mould. This world would be a poor place without the stimulus of diversity, yet each one of us instinctively desires to make it all over on his own pattern. If this constructive impulse were devoted to *making ourselves over,* seeking a rounded development inclusive of all types and temperaments, things would be better.—ELIZABETH SEVERN: *The Psychology of Behaviour.*

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A Paradise for Women.

ETHEL L. URLIN ("*A Short History of Marriage*") calls Burmah a paradise for women. In no other Asiatic country have women so much influence, power, and independence as they have here. In Burmah there is no marriage ceremony. It is only necessary for the couple to take up their abode together, but, as a matter of fact, the bridegroom generally makes a formal demand for the girl's hand, and there is a wedding feast. There are no child marriages. The time of courting is prolonged, and the Burmese maiden is wont to put a lamp in her window at dusk to show that suitors may come. She sometimes entertains as many as eleven at a time, and finally chooses one of the number. On the wedding day the couple wear their best clothes and eat boiled rice together. The headman of the tribe says, "It is done," which is the only ceremony. The rejected suitors make a show of wrath by throwing stones and sticks on the thatched roof, which is, of course, taken as a great compliment. In spite of this want of ceremony there is remarkably little unfaithfulness in Burmah. A married woman has complete control over her own property, and sons and daughters inherit equally from their parents. The most remarkable feature of weddings in Burmah is that they are invariably conducted at funerals. When an important person dies he is temporarily buried until a certain number of engagements has taken place in the village. The day is then fixed for a grand "wedding-funeral."

The Surgeon.

A surgeon skilled our wounds to heal,
Is more than armies to the public weal.—HOMER.

TREASURY DEPARTMENT.

U. S. Public Health Service.

EDITOR THE CRITIC AND GUIDE,

Dear Sir: In view of the reports in current medical literature of untoward results from the use of arsphenamine and neoarsphenamine, I have to request that you give publicity to the statement that it is requested that samples of any lots of these arsenicals which have shown undue toxicity be forwarded to the Hygienic Laboratory for examination.

In sending these samples it should be ascertained that the lot number is the same as that of the ampoules used on patients. The samples sent should, if possible, be accompanied by a brief note stating the approximate body weight and age of the patient, the dose and dilution of the drug given, the symptoms and result; that is, whether fatal or not.

Respectfully,
G. W. McCoy,
Director.

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Impotence.

℞ Ferri pyrophosph .....gr. v
Strychninae sulph .....gr. 1/60
Sodii arsenitis .....gr. 1/60
M. Ft. Caps. No. 1. Tal. Dos. lx.
Sig.: one three times a day after meals.

℞ Zinci phosphidi .....gr. v
Ext. nucis vomicae.....gr. xx
Mt. ft. pil. No. xl
Sig.: one three times a day after meals.

A pill composed of 1/50 grain of phosphorus and ¼ grain of nux vomica is an excellent combination. The principal objection to the use of phosphorus is the offensive eructations and gastric disturbance it sometimes produces.—DR. G. FRANK LYDSTON.

Barber's Itch.

A good paste of medium strength is this:

Tannic acid .....0.6 to 1.5 (10 to 24 grs.)
Precipitated sulphur .....1.5 to 3.0 (24 to 48 grs.)
Zinc oxide .....4.0 1 dram
Starch .....4.0 1 dram
Petroleum, enough to make .....30.0 1 ounce

A stronger application:

Mercury oleate (5 per cent) .....28.0 (7 drams)
Zinc oxide ..... 8.0 (2 drams)
Salicylic acid ..... 1.0 (15 grs.)
Ichthyol ..... 1.0 (15 grs.)
Starch ..... 8.00 (2 drams)
Petrolatum .....15.0 (½ ounce)

—DR. E. A. FISCHKIN: *Clin. Med.*, March, 1918.

Warts.

Among the escharotics suggested for the removal of warts is painting with glacial acid. Stronger caustics should be used with great caution. The surrounding skin should always be protected. Burning with the thermocautery followed by application of mild corrosive preparations, radium, treatment with Roentgen rays, are efficient methods. A good preparation is:

℞ Chloral hydrate .....10 gm.
Salicylic acid ..... 2 gm.
Collodion .....30 gm.

Also the following is suggested:

℞ Calomel ..... 1 gm.
Salicylic acid. ..... 2 gm.
Wool fat .....20 gm.

Apply to a wart two or three times a day.

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THE MEDICAL

Critic and Guide

Incorporating the

Dietetic and Hygienic Gazette, Physicians Drug News & Office Practitioner

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00 Single Copy, 20c. Foreign, $1.50

The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Volume 21. NEW YORK, JUNE, 1918. No. 6.

Editorials and Editorialettes

Advice to Old People.

There is a good old man, way up in the eighties, who is still very active in his profession. Some good people resent it. "It is time for him to retire", they say, "and give younger people a chance." But the old man knows what is good for him, refuses to retire, and goes on in the even tenor of his way, attending to his work, and not altogether neglecting his civic interests. He is a wise old man.

You will often hear people, and physicians too, advising old men to take things "easier", to give up this and give up that, in short to retire and to lead a dull empty vegetative existence. This is a bad piece of advice. Of course there are exceptions and there are special cases. And old man with a very high blood pressure—i. e. high for his age—should not engage in business which is likely to cause him great excitement and throw him in fits of anger; and a man who is showing symptoms of senile dementia should not be entrusted with important affairs; but generally speaking, there is no reason why a man should give up his work or narrow the circle of his interests, merely because he has celebrated the seventieth or eightieth anniversary of his birthday. The general condition of the man, his fitness should be the criterion, and not his age in years. We all know that some people at 60 are actually older than some are at 70 or 80.

The advice to old men to retire has sometimes, if followed, very disastrous consequences. A man of 70 or 80 is attending to his profession or business in a satisfactory manner, and he

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feels well. Suddenly he decides or is advised to retire and take things "easy" for the rest of his days. He does—and in a few weeks or months that man is a physical or mental wreck and ruin. As long as he kept up his mental interests, he was all right. A sudden change, a sudden vacuum, I might say, perhaps the pernicious subconscious feeling that now it is all over for him—all that contributed to the disaster. And it is not the physical change so much as the mental that is the important factor. I, for one, am sure that mental activity, mental interest, has a life prolonging influence, because mental activity stimulates many, if not all of our vital processes. It is not mental work that ever kills; it is worry that does it, and even its baneful influence has been greatly exaggerated. We know of octogenarians, whose life has been one continuous round of trouble.

If I were a geriatrist I would be very emphatic in advising my aged patients not to give up their work, not to narrow, but to enlarge their circle of mental, professional and civic interests, and not to retire—until they are retired by the grim reaper.

Shotgun Prescriptions.

The days of polypharmacy, of shotgun prescriptions, are numbered. But if anybody thinks they are a thing of the past, he is mistaken. Not as often as formerly, but not so very rarely either we come across prescriptions which it is impossible to read without a smile. Look at this bonafide prescription, for instance, written by a bonafide physician and published recently in *The Bulletin of Pharmacy*:

Aspirin ..... 1 drachm.
Sodium salicylate .....½ drachm.
Phenacetine .....½ drachm.
Caffeine citrate .....10 grains.
Ammonium muriate.
Ammonium bromide .....ää 1½ drachms.
Chloral hydrate ..... 1 drachm.
Codeine sulphate ..... 4 grains.
Tincture aconite,
Tincture gelsemium,
Tincture hyoscyamus.
Tincture digitalis, fat-free ....ää 1 drachm.
Syrup glycyr. compound .....q.s. 4 ounces.

Directions: Two teaspoonfuls in water every four hours.

There is nothing incompatible in this prescription, in spite of its 13 ingredients, and if the patient was helped and the doctor was satisfied, we have no objection. But we may be permitted to smile, may we not?

Useful and Eligible Combinations.

Our comment in the preceding editorial note may lead to a misunderstanding. We may be put into the ranks of the "one-

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ingredient" crank. Please don't. It is almost as bad—and in some cases worse—to be an ultra-simple, one-ingredient prescriber, as it is to be a polypharmacal, shotgun, nineteen-ingredient fiend. There are drugs—atropine mercury, silver nitrate, for instance —which are best prescribed alone. But there are very numerous drugs, which gain in efficiency in pleasantness of action and in non-irritativeness on being combined with other drugs. For instance, there is hardly a cathartic drug, which is not improved by being combined with one or more cathartics; a lesser dose is needed, there is less irritation and a more thoro action is secured. The same is true of cough mixtures. The same is true of tonics; iron alone does not act so well as does a combination of iron, manganese, arsenic, quinine and strychnine.—No, there is plenty of room for intelligent, discriminating drug combining. Yes, there is plenty of room even for elegant pharmacy. Its days are not over yet.

Psychological Tests or Rubbish?

In an editorial under the above title *The Hospital* of London waxes exceedingly sarcastic about the psychological tests to which our recruits are subjected in order to determine their mentality and their fitness for various positions. It scoffs at the idea of finding out a man's worth by his ability to cross out squares or remember figures, and it suggests that while we are about it, we make the system thoro going and apportion a man's rank by the results of his psychological examination. "Thus if a man can remember and write down no more than two figures he is only fit to peel potatoes. If he can remember three, he goes into the ranks as full private. Ability to remember four figures and write them down correctly should qualify him to be a corporal; five, a sergeant; six, a sergeant-major; seven, a subaltern, and so on until we reach the Field-Marshal C.I.C., who should be able to memorise at least four-and-twenty figures."

After indulging in some more pleasantries of this sort it continues:

"Frankly, it is all rubbish. 'Psychology' is a word to conjure with, and 'Psychological tests' has a fearsome sound, and seems to indicate something profound, something exact, precise, unimpugnable—in fact something extremely and eminently Scientific, with a very capital S. It is all rubbish. The way to find out whether a man can peel potatoes is not to set him to cross out squares or answer conundrums, or remember figures, but to show him how to peel potatoes and then see how he does it. And so it is with digging trenches, leading a squad, or commanding an army in the field. There is only one way worth a straw of determining whether or not a man can do a thing, and that is by setting him to do it, and observing how he does it, and what the result is when he is done. The same foolish mistake has been made in testing children as to whether or not they are so feebleminded as to be unable to earn their living.—Many an idiot

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could beat Lord Furness or Lord Northcliffe at remembering figures and doing sums; but in spite of their inferiority in remembering figures and doing sums, Lord Furness and Lord Northcliffe have continued to earn their respective livings and perhaps two millions over; while the calculating idiot, who could knock them into a cocked hat at sums, has never made a farthing in his life, and never will. Experimental Psychology is an unholy fraud."

While there is undoubtedly some truth in what *The Hospital* says, and while we often had our doubts as to the value or reliability of the conclusions arrived at by the application of the Binet Simon and similar tests, we are loath to subscribe in toto to its verdict about experimental psychology. And we should be pleased to have those who are engaged in the work of testing and classifying children and the allegedly inferior and feeble-minded, reply to *The Hospital's* Editorial.

Abolish the Hairbrush.

It is seldom that an object or an instrument so utterly defeats the object for which it is intended as does the hairbrush. The hairbrush is meant to keep the hair and the scalp clean, to stimulate the circulation in the latter and thus to increase the growth and nutrition of the former. As a matter of fact it is the greatest menace to scalp cleanliness and to hair growth that one could imagine. No better medium for the development of germs could be conceived of, and as an agent for causing infection of the hair and scalp, for promoting dandruff with its invariable concomitant, baldness, it could hardly be beaten.

That a public hairbrush is an abomination and should be abolished and prohibited under penalties goes without saying. Some states, Louisiania for instance, have already passed laws prohibiting the use of hairbrushes in barber-shops, hairdressing establishments and in all other public places. Over four hundred hairbrushes were examined by the Louisiana State Board of Health, and the microscopic examination showed the presence of cocci, bacilli and moulds in *all* of the brushes examined. Cultures taken from the brushes showed the presence of gram positive bacilli in 307 out of the 405 hairbrushes examined—staphylococci in 325, gram negative bacilli in 329, gas bacilli in 246, streptococci in 6, moulds in 42. So the abolition of the public hairbrush needs no further discussion.

But even the private hairbrush is a menace and is apt to lead to scalp infection unless kept thoroly clean and now and then subjected to a thoro washing with an antiseptic solution such as mercuric chloride or compound cresol solution.

The Professional Secret and Venereal Disease.

The professional secret is and should remain sacred. When a patient comes to a physician and discloses to him his troubles, he should feel sure that no advantage of any sort will be taken of his confessions, that his secret will remain with the doctor,

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and the doctor only, as secure and inviolate, as is a confession made to priest in the confessional. It is a particularly contemptible breach of faith for a physician to take advantage of his professional relations to a patient. And we are opposed to any changes in the laws of the various states—and changes in our moral conceptions—which make the professional secret less secure, less sacred. There is one condition, however, in which the conscientious physician finds himself in a terrible dilemma. When a patient, suffering from a venereal disease in an infectious stage, is determined against the doctor's advice, to get married, what is the doctor to do? To denounce him to the prospective bride—or her to the prospective groom—means a violation of the sanctity of the professional secret. It also means the risk of a suit for libel, because the law makes no exceptions. It says a physician must not disclose any information obtained in a professional capacity. To remain silent—means to subject an innocent person to the risks of infection with a mean dangerous disease. What is the physician to do?

There is a general movement to release the physician from his obligation of secrecy in cases of venereal patients desiring to marry. For instance a bill has just been introduced in Massachusets which distinctly permits the physician to warn the prospective bride or bridegroom (or their parents) of a venereal patient. "Any such warning or advice given in good faith, by any physician shall be deemed and construed to be a privileged communication and shall not constitute a slander or libel."

Such a law would make the doctor's position much easier. The patient, knowing that the physician has the legal right to notify his future bride or her parents of his condition, and that he has not, as he has now, the club of a suit for libel over the physician's head, would be careful to treat himself until he was no longer infectious; and he would probably consider it wiser to conceal nothing from his—or her—prospective spouse, and give her—or him—the opportunity to make the decision.

It would be too much to expect that there be no concealment of any kind between the parties to a marriage contract. But we certainly have a right to demand that there be no concealment or fraud which carries in it the germs—not only of future discord, but the germs of disease and death.

The Layman's Ignorance of Anatomy.

The layman's ignorance of the anatomy of his own body often leads to statements on his part which are pathetically ludicrous. Their complete ludicrousness can only be appreciated by a physician or an anatomist. And it's lucky it is so, for the layman would die of shame if he know how utterly ridiculous and impossible his statements sometimes are.

For instance a man comes complaining of severe pain on urinating; there is severe strangury and a large amount of blood in the urine. An examination by the cystoscope shows the presence of a six inch thermometer tube in the bladder. With

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deep earnestness and persistence he tries to convince the physician that he did not introduce the thermometer tube into his urethra for the purpose of masturbation, but that he kept it in his mouth and accidentally swallowed it, and that it had worked its way thru.

That the thing is impossible, that there is no connection between the digestive canal and the urinary bladder, the man doesn't know; and in order not to embarrass the patient the physician lets it go at that.

Women in whose uterus, vagina or bladder foreign bodies are found also occasionally make similar statements. Poor things.

Prevenception versus Abortion.

It is not fair to impugn people's motives. I confess that I have not always been free from that sin myself. Often when I could not understand how it was *possible* for people to hold certain opinions or commit certain acts, I ascribed it to meanness, cruelty or venality. I am much more careful now. I am very slow in impugning a person's motives, for I have found out that in many instances a person's line of thought or action was due instead of sheer meanness or venality to—very sincere stupidity. And of course, if a person is sincere, no matter how stupid he may be, he cannot be blamed for acting the way he does.

As I say, I am much more slow now in impugning a person's motives. And nevertheless there are cases where the utmost desire to be charitable proves a failure. Times without number we have shown that there is a radical difference between prevenception and abortion. A difference not in degree but in kind. We have shown that a great many advocates of prevenceptive measures are sincerely opposed to abortion in any form. We have shown that one of the reasons why a great many people are so interested in the prevention of conception propaganda is because they are so strenuously opposed to the moral and physical evils of abortion. And nevertheless only the other day a gentleman publicly attempted to confuse the issue, publicly attempted to befog the people's minds by trying to make them believe that prevenception and abortion were one and the same thing and that advocates of the limitation of offspring were all abortionists or in favor of abortion.

We should like to be charitable and say the man was ignorant, he said these things because he did not know any better. But we cannot do it because we know that he does know better. We have sent him a number of books and pamphlets and editorials on the subject, and he knows that both the English Neo-Malthusians and the American birth-control advocates are as bodies opposed to abortion. But it does not pay him to know. For if he acknowledged our opposition to abortion, his strongest argument that prevention of conception was a crime because it meant the murder of innocent children, and that birth-control

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advocates were advocates of immorality and murder, would be gone. And then he could make no speeches against rational birth-control.

But in a case like this must we still be charitable? Still say that the man is honest, but that is is simply a difference in the point of view?

The Psychasthenic Patient.

The most discouraging class of patients to treat are the psychasthenics. You work on them and work on them and they seem to be all right, and you hope that they are and are going to stay well. But in a few weeks they are entirely or almost back where they were before. Janet well said: "The psychasthenic is like a clock wound up with a short cord." It needs to be wound up at short intervals. And so the psychasthenic must frequently put himself under the physician's influence. Some of them must be under it practically all the time. For it lasts only just so long.

Do we Possess an Absolutely Reliable Prevenceptive?

The earnest apostle of birth-control must above all things be strictly truthful. He must permit himself no exaggeration. The occasional, and not very rare, failures of prevenceptive measures must not be concealed from the people. There have come to the editor's attention several very dreadful tragedies which resulted directly from too implicit a reliance upon the alleged "infallibility" of prevenceptives. Of course in the sum total the use of prevenceptives effects an enormous reduction in the birth-rate. And birth-control must be preached incessantly as one of the most important measures in the material and spiritual advancement of humanity. But the woman who relied upon a preventive and in whose case the preventive failed to prevent finds little consolation in the fact, that as a result of the more or less general use of preventive measures the birth-rate thruout the land has fallen from 26 to 18 per thousand. In her case—and sometimes even more in his case—it remains a tragedy, which now and then affects her entire future life, and sometimes even costs her her life.

The editor therefore insists that the fact that up to the present time we still possess no absolutely reliable single prevenceptive—using the word absolutely in its absolute scientific sense—be clearly presented, and be not slurred over or obscured.

Our audiences and our readers should know exactly how the case stands.

Reliability of Prevenceptives Tested on Animals.

To test experimentally the dependability of various prevenceptive measures on the human female, in the same way that we test experimentally the effect of various drugs on the blood pressure or the secretion of urea for instance, would be a rather

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difficult if not impossible task, at the present stage of our civilization. We must be satisfied with the empirical results. But our readers may be interested to know that one experimenter at least undertook to test the reliability of various chemical prevenceptives on animals.* Rabbits are the most suitable subjects for this purpose. He took a number of chemical prevenceptives, both official and proprietary, and introduced them into the genital canals of female rabbits, permitting them after to copulate. Alas, in many instances impregnation resulted. Of course, a woman is not a rabbit, tho a good many men would like her to be. It is possible that the conformation of the rabbit's genitals favors impregnation. It is also possible that the rabbit's spermatozoa are more hardy and more resistant to chemical action than those of man. Nevertheless, the results are not encouraging, confirming as they do the difficulty we have in overcoming the tremendous attraction between the spermatozoon and the ovum; but the scientific study of prevenceptives is still in its infancy, and there is no doubt that further research will result in the discovery of absolutely reliable and quite unobjectionable prevenceptives.

Vicarious Martyrdom.

The highest honors and immortal fame to the man who with deliberation, and of his own free will, chooses the crown of martyrdom; to sacrifice one's comfort, one's livelihood, one's liberty and even life for an ideal, for the sake of lifting the heavy burden of suffering humanity—that is true heroism. And the men and women who do that are the only heroes who will live in history. But there is a class of radicals and extremists who will not live in history. Vicarious martyrs I would call them. I do not in the very least question their sincerity, or doubt their love of humanity. But they have a deplorable, reprehensible habit to induce to incite or merely to encourage others to break or resist the law of the land, to commit some overt act, and when their poor follower has gotten himself into trouble they stand aside and let him get out the best way he can. "We all have to suffer for our convictions" is the only consolation that the real martyr gets from the vicarious martyr.

It isn't fair. As I have said many times, we have no right *to force* martyrdom upon anybody. But I will go further and say that not only have we no right to force martyrdom upon anybody, we have no right to incite anybody to it or cajole anybody into it. And particularly is it not fair to cajole anybody into it, and then stand aside with folded arms.

No forced martyrdom.

And certainly no vicarious martyrdom.

* The complete report of these experiments will appear in the July issue of THE AMERICAN JOURNAL OF UROLOGY AND SEXOLOGY.

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It may be permissible—it was once—to hire a substitute for military service; one can hire a substitute for social service; one can not hire—that is, must not—a substitute for the crown of thorns.

The Causes of Human Suffering.

Take a thousand, ten thousand or a million men and women—people who are suffering, who are unhappy, who consider their life a failure, who wish they hadn't been born, who keep on living out of a sense of duty, or because they have not the courage to end it all. Find out and analyze the causes of their suffering, and you will see that only five or ten, surely not more than fifteen, per cent of all this human misery is inherent, essential, unavoidable; all the rest is entirely unnecessary, utterly gratuitous, entirely avoidable. I "amused" myself one sleepless night by going over in my mind and then jotting down the various causes—economic, social, political, physical, mental, psychic, sexual, emotional, temperamental—of human suffering; I took up various types of men and women, and worked out the reasons for their unhappiness; and the above figures—five to fifteen per cent unavoidable, ninety-five to eighty-five per cent entirely avoidable suffering—were my results.—Sometimes I will handle this subject with greater detail. It deserves it.

Laziness vs. Restless Activity.

Just as laziness, the unwillingness or inability—the former usually being due to the latter—to work is a disease, so the inability to stop working is also a disease. The desire always to rest, to be idle, to do nothing, and the inability to rest, the desire to be constantly doing something, are both abnormal. Socially, laziness is a greater disability than incessant activity, but the restless dynamic worker deserves no more credit than the "lazy" man. It is in them and each follows the law of his nature. The editor unfortunately belongs to the class of the restless workers—he often wishes he got a good strong attack of laziness. To force oneself not to work? No, that wouldn't do. Such rest would be more irksome, would cause more suffering than the most strenuous work. The desire to rest, the laziness, must be spontaneous.

Urethral Discharge after Salvarsan.

How many physicians have noticed a urethral discharge in patients with a "cured" or dormant gonorrhea after the administration of salvarsan (administered of course for syphilis and not the gonorrhea)? An increase in the amount of discharge, if a discharge is present is not at all rare; but what we are referring to is the starting of a discharge in cases that had been free from it for months or years and that had been considered perfectly cured.

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In a World of Madmen....

....Yes, friends, I made a mistake. I forgot Jean Jacques Rousseau's statement that "to be sane in a world of madness is itself madness." And to try to be humane in a world of inhuman cruelty is an unforgivable crime.

The Broader Meaning of the Term Sadist.

The term sadist or sadistic has usually been applied to a person who pervertedly derives *sexual* gratification by inflicting pain and suffering and sometimes actual torture upon another person. We now use that word in a much broader sense. We apply it to any person who enjoys cruelty, who derives gratification or a pleasurable sensation (which need have no sexual element in it) from watching another person suffer; the sadist's gratification is much greater when he himself is the author of the other person's suffering, but lacking this he is satisfied if the pain is inflicted by someone else. But he must see somebody suffering and the suffering need not be of a physical character: it may be either mental or physical.

Taking the word in this sense, one would be horrified to know how many sadistic wretches this world harbors.

Eppur si muove.

I hate the word "efficiency," and I am not an unqualified admirer of efficient men. Perhaps because I am so very inefficient myself.

Blessed be he who invented sleep, and blessed is he who can make use of the invention whenever he needs to or whenever he wants to.

Eppur si muove.

The principal trouble with this world is that it contains too many intellectual morons and too many moral skunks. But it is getting better. A confoundedly slow process, but humanity will get there sometimes. Eppur si muove.

Mental Disorder from Overstudy.

Dr. Boris Sidis (*Philistine and Genius,* 1917) refutes the erroneous belief that thinking and study cause nervousness or mental disorders. In his practice as physician in nervous and mental diseases the author has not met a single case of nervous or mental trouble caused by too much thinking or overstudy. The cause of nervousness is worry, emotional excitement and lack of interest in the work. He points out that it is precisely what we do with our children. We do not take care to develop a love of knowledge in their early life for fear of brain injury, and then when it is late to acquire the interest, we force them to study, and we cram them and feed them and stuff them like geese. The result is fatty degeneration of the mental liver.

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Original Articles

Contributed to THE CRITIC AND GUIDE.

CHOOSING ONE'S PROFESSION OR TRADE.

BY WILHELM STEKEL, M.D., VIENNA.

Translated and Annotated

BY SAMUEL A. TANNENBAUM, M.D., NEW YORK.

Opinions differ as to the value of psychoanalysis. But one thing even its opponents have to admit: the long and intimate exploration of a human being's psychic life furnishes the investigator with an insight from which he was formerly barred. One learns with amazement the hidden inner world; abysses of the soul are revealed which had been hidden from strangers and even from oneself with great solicitude and dread. It is incredible how suspicious and reserved our patients in general are! Only after one has conversed with them for weeks and slowly won their confidence do they begin to speak of their secret griefs and pains. But sometimes it takes months before self-knowledge and the training to be perfectly frank have made such progress that one is enabled to survey the whole abysm of a neurotic soul. That is why so many varying opinions are expressed offhand as to the rôle that sexuality has in the development of a neurosis. One must not believe all that patients say. Almost all persons lie about their sexual traits and experiences.

I shall at once plunge in *medias res* and state the conclusion I have reached as a result of my many years of arduous psychoanalytic labors. This conclusion reads: *every neurotic contends with 'repressed' criminal thoughts.* [Repressed thoughts are thoughts which are of such a painful nature to the individual that he seeks to forget them, deny their existence, dismiss them as foreign to his real self and to expel them from consciousness.] He is a criminal who lacks the courage to do the criminal deed. We owe it to Professor Freud that we know the significance of repressed sexuality. He has made the essence of repression clear to us and has introduced the conception of the unconscious into medical psychology. He sees the causes of all neurotic disturbances in the sexual life. [Unless there is something wrong in an individual's sexual life he cannot develop a neurosis.] He distinguishes the *actual neuroses* (neurasthenia and apprehension neurosis) from the *psychoneuroses* (hysteria,

* The following essay originally appeared in the *Archiv. f. Kriminalantropologie* (Leipzig), 1911, vol. 41, and is here translated by the author's permission. The translator's comments are in square brackets.

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apprehension hysteria, obsessions). Whereas the actual neuroses originate in an injurious form of sexual gratification (excessive masturbation, frustrated excitement, etc.), the psychoneuroses are more indebted to a psychogenetic factor, to wit, the mechanism of repression.

My views now differ somewhat from those of Freud inasmuch as I have reached the conclusion, after many years of research in this sphere, that *without the participation of the psyche a neurosis cannot possibly be brought about,* that is, that every neurosis is a psychic disease [N. B.—'psychic,' not 'cerebral.'] Or, adopting the terminology of the Freud school, we may say that every neurasthenia is, from my point of view, a psychasthenia and that every psychasthenia is to be attributed to a psychic conflict [*i.e.,* a conflict between opposing desires, between a 'complex' and the rest of the personality]. (This being so, I see no longer any necessity for classifying the neuroses into 'actual neuroses' and 'psychoneuroses.' All neuroses are psychoneuroses [or, better still, *parapathias, i.e.,* disturbances in the emotional sphere.—For a full exposition of this matter the reader is referred to a paper on "Obsessions" by Dr. Stekel, translated by me, in the AMERICAN JOURNAL OF UROLOGY, April 1918.]) This psychic conflict has its roots either in the individual's sexual life or in his criminal impulses. Inasmuch as criminality seems to me the larger conception, including within it everything that is forbidden or sinful, I would adopt the following formula: *the neurotic gets sick because he consumes his psychic energies in a conflict between his criminal impulses and his ethical restraints.*

I have known this fact for some time. Even in my pamphlet on 'the causes of nervousness' ("Die Ursachen der Nervosität"), published in 1907, I described a case of agoraphobia [*i.e.,* a fear of going in public places] in which I discovered the cause of the disease to be a secret longing to commit a crime. The patient was a cashier thru whose hands millions passed daily. The agoraphobia proved to be the psychic equivalent or, let us say, the symbolic expression of his plan to abscond with a large sum of money to America. [The fear of travelling in public places made it impossible for the young man to carry out his secret purpose. If he couldn't cross a park or public highway, how could he cross the ocean? His neurosis made it impossible for him to yield to his criminal desire.] On my advice the patient resigned his position as cashier and became a bookkeeper. From that very day his apprehensive ideas disappeared as at a single stroke. (Criminality plays a great rôle also in the inspiration of literary men as I showed in my little book on 'artistry and neurosis' (*Dichtung und Neurose*).

I shall take the liberty to report here another and more recent experience. A public official begins to suffer from sleeplessness, inability to do his work and intense depression. He

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fills a fairly responsible position to which he no longer feels himself equal. In consequence he is tortured with the fear that he will lose his position, that his wife and only child will be unprovided for, etc. He can no longer finish a business letter or add a column of figures. For weeks he speaks not a word at home, is very moody and sits brooding for hours, he is irritable; the most trifling provocation puts him into a rage; he permits himself to strike his wife and is then repentant and cries as immoderately as on other trifling occasions! I shall not record here the whole process of the psychoanalysis which did not last long. After fourteen days I discovered the cause of his neurosis. After years of experience with such neurotics one acquires a certain technique of penetrating to the bottom of the malady, a matter that was not particularly difficult in this case. The man had married a woman (with whom he had been in love for several years) because she had become pregnant. He felt in honor bound to marry her. The girl was poor and brought him no dowry, only debts for her outfit and for the furnishing of their home. He is ambitious and has always cherished plans to become independent. He had to renounce all those plans. Shortly after the wedding there were violent scenes between him and his wife in which he sometimes permitted himself to strike her. For the past three months he suffers from intense depression which makes him incompetent to do his work. The cause of his depression was revealed to me by one of his stereotyped dreams which he dreamt several times during his illness. He dreamt again and again that his wife and child were overcome with illuminating gas; in the dream he had forgotten to turn off the gas. He awoke (in the dream) and found his wife and child unconscious and asphyxiating; thereupon he uttered a piercing shriek and (really) awoke with palpitation and a feeling of intense depression. It was not difficult to deduce from this that the man's criminal thoughts dealt with the subject of ridding himself of his incubus by the help of illuminating gas. The interesting thing about this is that there was no gas in his house; but his wife subsequently told me that for months he had cherished a plan to have gas installed into the house and had frequently discussed the pros and cons with her. The thought of thus freeing himself from his wife and recovering his lost freedom was evidently an obsessive idea. (Such compulsive ideas frequently penetrate consciousness in the form of stereotyped dreams.) In short, the patient frankly admitted the thought had recurred to him that if his wife and child were dead he would be a free man and be enabled to change his position (with which he was not contented). This was to be accomplished with the aid of illuminating gas; and when I pointed out to him that he must have cherished such criminal thoughts he admitted, after some hesitation, that he had been aware of such fantasies even in his conscious thoughts and had

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fought against them energetically. Other criminal fantasies, too, dealt with the subject of poisoning his family. But these fantasies had appeared in his consciousness only like a flash and been wholly repressed. (The original criminal idea is repressed and then replaced by a mere harmless compulsive idea or by a doubt. In this instance the substituted idea was the apparently unimportant question, 'shall I or shall I not install gas into the house?'—(For a completer discussion of this subject *cf.* the paper on "Obsessions" previously referred to.) He was no longer conscious of these criminal fantasies. The result of bringing them back to consciousness was amazing. He was able to sleep again and to work, and his remorse at having harbored such wicked thoughts had the favorable result of altering completely his relationship to his family. [His inability to sleep had been due to a fear of sleeping and having wicked dreams.] He became affectionate and attentive; his wife afterwards gratefully assured me she would never have believed such a complete change in a man possible. In this case it was the uncovering of the different criminal fantasies, only one of which I have mentioned herein, and their full and free discussion that brought about a wonderful result. I could cite many examples of this phenomenon. As I have previously said it is my opinion that all neurotics are in a certain sense *criminals without the courage to commit the desired crime.*

A consideration of another sort takes us much deeper into the neurosis problem. All neurotics show a peculiar trait which may be designated as *psychic infantilism.* Their thinking is childish, their emotions childish, and their actions childish. They give one an impression of childishness. It would take us too far from our subject if we wanted to explain the causes for this psychic infantilism here. Every mishap, every disappointment that befalls the neurotic, serves to throw him back into 'the good old days' when he was not responsible for his actions and when loving hands surrounded him. All neurotics long for the paradise of childhood. [The return to the infantile, a phenomenon that is technically termed *regression,* occurs whenever an active impulse or desire encounters internal or external obstacles. In such cases we say that the libido flows backward and resuscitates childhood ideas, emotions, strivings or activities. Most of the time this goes on wholly unconsciously.]

But, it may be asked, how does the dictum about the neurotics' secret criminality square with their infantilism? Should we not rather assume that, owing to the fact that they now think in a childish way, these patients must have only pure and innocent thoughts? This assumption would be justified if,—like the poet who wrote the line: "This child, no angel is so pure,"—we could think of the child's soul as a blank sheet of white paper. But our investigations of the child's psyche have yielded surprising results. On the basis of his experiences

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Freud was led to the conclusion that the child is *polymorph perverse* [or, expressing it somewhat more euphemistically, *polymorph erotic*. This means that the child is by nature endowed with a tendency to inversion and perversions and can therefore be easily seduced to all sorts of sexual transgressions.] Even at the certain risk of arousing considerable opposition and even wrathful indignation at first I can extend Freud's sentence by asserting that the child is, in the broadest sense of the words, *universal criminal* [*i.e.*, capable of committing any crime for the purpose of gratifying its desires].

It would take us too far afield did I attempt to lay before the reader all the material at my disposal. I am wholly of Lombroso's opinion when he says that the child represents a primitive type of man. The biogenetic law of Haeckel may with perfect justification be extended to the human psyche.—Man's soul too develops from a stage of primitiveness with its criminal impulses to the stage of cultural man with all his ethical inhibitions and ideals. To me the child therefore represents that stage of mankind in which crime is not a crime but a manifestation of the instinct of self-preservation. Alfred Adler too is of this opinion for in his essay on 'the aggression impulse in life and in the neurosis' (*Der Aggressionstrieb im Leben und in der Neurose,* 1910) he says: "every child is originally hostile to his environment."

In all my psychoanalyses the child proves himself absolutely egoistic and full of criminal plans. A few brief examples may serve to confirm these assertions. Jung reports a four year old girl who, in reply to her father's question: 'look here, what would you say if to-night you got a little brother?' answered: "I would kill it!" I have had frequent opportunities to hear similar utterances and only very recently a patient told me a nephew of his aged three years, who threatened his new-born brother and declared categorically that he would chop his head off. [Many years ago I delivered a very poor woman of her second baby and just as I was about to deliver the placenta I saw, to my amazement, the older brother, aged two and a half, waddle to the bed and strike the new-born baby in the face, saying: "you son of a——!"] Stadelmann (*Kinderfehler in Schule und Haus als Frühzeichen der konstitutionellen Epilepsie,* Med. Klinik, 1910, No. 52.) looks upon utterances of this kind as defects of childhood and as evidence of a disposition to epilepsy. But I cannot accept his conclusions. As I have shown elsewhere, viz., in my essay on 'the psychic treatment of epilepsy' (*Die psychische Behandlung der Epilepsie,* Zentralb. f. Psychoanal., 1911, No. 5-6.) much that is now called epilepsy is only [conversion] hysteria. I can only concur with Binswanger's categorical assertion (Deutsche med. Wochenschr., 1910, No. 50.): "It is the occurrence of an epileptic attack that makes epilepsy a clinical entity. Where the attack does not occur and

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we have, *e.g.,* psychic disturbances (dipsomania), we are not warranted in speaking of epilepsy." To speak of an "epileptic character" and of an "epileptic constitution" manifests a purpose to create clinical pictures that have no real existence. Genuine epilepsy is a relatively rare occurrence. [Epilepsy is a brain disease; pseudo-epilepsy a psychoneurosis.] An epileptic attack is not a certain indication of epilepsy. There are very many pseudo-epileptics among those who suffer from so-called 'epileptic' attacks. *All these pseudo-epileptics fall ill because of powerful criminal impulses which spend themselves in an attack. The pseudo-epileptic attack is therefore a substitute [or equivalent] for the crime.* The criminality of the genuine and pseudo-epileptic has long been a matter of general knowledge and it would take us too far from our immediate subject to discuss this theme at greater length now. As regards the child's strong criminality (which often becomes manifest as cruelty) it may safely be said with Stadelmann* that it is to be regarded as a forerunner of a neurosis. The stronger the criminal impulses that break thru the greater the repression that must be excited, the more 'protective measures' (Adler) against his criminal instincts must the individual build up. *Many, perhaps most, neurotic symptoms are only protective measures against criminal impulses. E.g.,* the agoraphobic cashier, previously mentioned, was protected from committing grand larceny by his apprehensiveness. How could a man fly to America if he couldn't even cross an open place?

But let us go back to the child. In addition to the aforementioned bloody aggressive purposes (murder with the aid of sharp instruments) against its brothers and sisters, it harbors a host of other fantasies. Poisoning, too, plays a large rôle in the child's fantasy life. Much more than we, still dominated by the old views, would believe. I shall mention only one case from my experience during the past few weeks. A chemist, 28 years old, suffering from a compulsion neurosis, told me that when he was a little boy his mother had warned him not to put copper pennies into his mouth because they were poisonous, —he might poison himself with verdigris. When our future chemist was six years old there were four other children in the family whom he hated because he had a limitless craving

* Stadelmann reports a boy of 5 who exulted in trampling ducks to death. The little sadist pierced the eyes of dogs, cats and horses and strangled the goldfish in the aquarium. A ten-year old lad strangled a goat and gloated over its suffering. Stadelmann regards even the pleasure obtained from the use of obscene words as an early diagnostic feature of 'constitutional' epilepsy. He is willing to credit a hysterical child with a cruel fantasy but not with an aggression. In my experience the distinction is only that between deed-achieving and fantasy-indulging individuals, [between doers and dreamers.] The criminal is the man of deeds. The neurotic is a criminal burdened with inhibitions, and therefore a man of fantasies.

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for affection and because he was aggravated at having to share his parents' affections and various titbits and gifts with the other children. With the unquestioned intention of poisoning his brothers and sisters he threw—at the age of six!—a copper penny into the milk can. Shortly after he had done this he was seized with a fearful dread; he had refused to drink of the 'poisoned milk' and feared that someone in the kitchen would discover the coin and his heinous offence would become known. "Not for a second," he assured me, "did I feel any regret or fear that harm might come to the others. On the contrary that was what I wanted." (Isn't it remarkable that this man subsequently became a chemist who is always handling poisons?)

In addition to ideas about poisoning someone, children like to play with ideas of shooting. I believe that Groos's well-known investigations about "children's games" need extension on the basis of psychoanalytic experience. Criminal fantasies are at the bottom of many of the games of children. The little ones play soldier because the uniform, sword, and gun give them great pleasure, but they play it also because the soldier carries a murderous weapon and can shoot. (Only a few days ago I observed a child that trotted about the room with a toy gun which he pointed at the different persons present, exclaiming, "I'll shoot you dead!" He threatened his father in the same way.—A short time ago a six year old Italian boy shot his three year old brother out of jealousy! When he was asked whether it had been an accident, he insisted that he killed his brother because he hated him.) One should remember that the child feels itself oppressed and tyrannized over in the world of grown-ups. Its egoistic will is constantly confronted with educational forces. How can it defend itself against its powerful opponents? The aforementioned fantasies of poisoning as well as the fantasies of shooting serve this purpose. I know very well that the child loves its environment, but it loves only from egoistic motives. Any one who opposes its egoism is its enemy. And educators who want to make a valuable cultural human being out of a little primitive man must know how to overcome the child's will. All education seems to be only one problem: to transform hate into love. That, I say, is the physiological, cultural mission of child love: the child must learn to suppress its will out of love [to subordinate its will to that of those who love it]. That is why all education based on fear is topsy-turvy. All this meddling with its desires and longings the child regards as interference and reacts thereto with criminal fantasies. These criminal fantasies may be of an active or passive nature. The *passive fantasies* involve the great influences operating from without, *e.g.*, getting sick, being struck by lightning, being run over, etc. All these fantasies (*e.g.*, the brother should be run over, the tutor's house should burn to the ground, etc.) play an important rôle and are sub-

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sequently, in the construction of neurotic symptoms, transformed into apprehension. Playing soldier belongs among the active criminal fantasies. How often do we see children playfully raise their guns and say 'I'll shoot you!' or something similar! We ought to take the utterances of children more seriously than we do and, in fact, we ought to devote ourselves more intensively than heretofore to the study of child psychology. There lies the key to many a problem.

I expect to incur even greater opposition when I assert that the other games, too, even the most popular and harmless ones, reveal distinct criminal attributes. The child plays with a toy railroad, I shall be told, because pleasure derived from motion is characteristic of childhood. Certainly! But the railroad is also a murderous instrument, it can run over people. I could cite many illustrations of this. A five year old boy yells at his nurse: "Get out of the way or I'll run over you!" Later he tells his father triumphantly: "To-day I ran over Anna; I cut her in two right in the middle and she is dead as a mouse!"

Playing with fire engines is associated with fantasies of arson. That children love to play with fire has been long known and I shall therefore not say anything very novel or startling when I assert that in every instance of a puzzling case of arson one should not forget to think of the possibility of a child being the incendiary. These fantasies may be observed in children with endless frequency and may subsequently manifest themselves neurotically distorted into a fear of being burned. (In its attacks of 'pavor nocturnus' a child under my observation used to cry out: "I am burning." By day it indulged in fantasies of fire and loved to burn paper whenever it was alone.) All these criminal fantasies come up subsequently in reversed form [*i.e.*, turned around into its opposite]. One neurotic, for instance, complains of a fear of infection or of being poisoned; analysis shows that in his childhood he had often dwelt on thoughts of poisoning. [Need I warn the reader against the temptation to interpret every neurotic fear of infection in this way?] Another has a dreadful fear of a thunderstorm; in his childhood he harbored the criminal wish that a stroke of lightning might kill his too severe father. A third cannot bear to look at a pointed object: the analysis shows that he had had numerous fantasies of killing with knives and darning needles. In this way the criminal fantasies are revenged according to the principle of *retaliation* [the 'lex talionis']; the fear serves to inhibit these fantasies; it is therefore at once a protective measure as well as a punishment.

After these necessary preliminaries I shall take up the consideration of my more special theme: criminality and vocational choice. I shall exclude those cases in which the individual did not choose his calling of his own free will. For we shall always find a large number of persons whose vocations were

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determined partly by their environment and partly by their educators. My remarks apply only to those cases in which the vocation was chosen voluntarily. But even those who were forced into some particular line of work may easily find a place in our second class if they are asked for what occupation they had or still have the greatest liking. Then we find that the individual we are interrogating would have chosen this or that trade or profession if he had had the opportunity. We shall return to this theme later. Now I want only to point out that we can postulate *five forms of vocational choice:*

1.—*Identification with one's father* [*or other admired person*].—This is fairly common. *E.g.,* a physician's son wants to become a physician because he loves and admires his father. "To love," says Hebel, "is to conquer oneself in another." Love is an identification process; and yet this identification is sometimes accompanied with a counter-impulse to outstrip the father, [to accomplish more than the father has accomplished]. I know a philosopher, the son of a philosopher, whose ambition it is in his writings to excel his father in the same subject. Under this heading too belongs the historical Alexander [the Great] who feared that his father, Philip [of Macedon], would leave him no worlds to conquer.

2.—[*Differentiation from the father.*]—The second group [which includes all those who choose their vocation with a view to being differentiated from the father] is much more interesting. It explains a large number of remarkable phenomena. Children show a tendency to take up a vocation the opposite of their father's. One may therefore note the special frequency with which the sons of merchants, *i.e.,* of persons following a very materialistic vocation, turn to a more idealistic vocation. They become poets, painters, or philosophers. Prosy, pedantic fathers very frequently have sons who take to art, as I showed in my booklet on 'artistry and neurosis' (*Dichtung und Neurose*). The same phenomenon may also now and then be seen in the political sphere. The sons join the party opposed to the one of which the father is a member. If the father is a conservative they are liberals; if he is a social democrat they are conservatives. It is my belief that the periodic changes in a country's political views (whigs and tories, [free traders and protectionists]) depend very largely upon such differentiations between fathers and sons.—Groups 1 and 2 show no special relationship to criminality.

3.—[*Sublimation.*]—The third group, which I shall now consider, takes us back to our theme proper. They manifest the attempt to sublimate the erotic and criminal impulses, *i.e.,* to employ the impulses *hostile* to culture *in the service* of culture. (This may be compared to an impetuous, destructive torrent that is harnessed and made to generate electricity.) The simplest example of such a sublimation of the criminal impulse

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is furnished by the surgeon. The physician who takes to surgery because of an internal compulsion is surely frequently a sadist by nature who had revelled in bloody fantasies. This sadism is then made use of to drive the mills of humanity. I know a nose specialist who has assured me that he feels an exquisite pleasure when the blood of a patient on whom he is operating flows over his hand. A surgeon once told me that in his childhood he delighted in bloody fantasies. And many an infant "Jack the Ripper" may have become a gynecologist who labors day and night in the interests of humanity. This mechanism of transformation into the opposite we psychoanalysts are well-acquainted with. One notes with amazement again and again that persons well-known as philanthropists prove on analysis to be intensely sadistic. In the same sense a would-be 'fire-bug' voluntarily becomes a fireman or devotes himself to the invention of a rapid fire-extinguisher. I may also refer to my chemist who harbored out-and-out poison fantasies during his childhood. Druggists, too, do not seem to me to be far removed from this class. From criminally inclined children we often get policemen, gendarmes, etc.

4.—[*Gratification of Perverse Inclinations.*]—The fourth group includes those cases of vocational choice which serve to gratify unconscious tendencies. (Fetichism.) I knew a shoemaker who was a genuine foot fetichist. Bath attendants and, as is well known, masseurs are very often homosexual. A glover assured me that he knows no greater pleasure than kissing a beautiful hand. A hairdresser who was a hair fetichist confessed to me that running his hand thru soft curly hair frequently gave him a pollution. I once treated a physician who took a very lively interest in all anal processes. He would have liked to become a rectal specialist. He was an out-and-out podex-fetichist.—In reality this group coincides with [or overlaps] our third group; but it shows sufficient characteristics of its own to warrant a separate grouping. There are vocations which make killing and slaughtering a duty. I refer here only to the butcher, the public flayer, the executioner; and under circumstances even the *lanquenet* ('Landsknecht') of the middle ages might be included in this group. A whole series of neurotic forms of choosing one's vocation is attributable to a breaking thru of unconscious tendencies.

5.—[*Safeguarding Oneself against Perverse Inclinations.*] —The fifth group, *i.e.,* those in which one's calling serves as a protection or defence (Adler) against unconscious propensities, seems to me to be the most important. I could cite many examples in illustration of this group. I experienced one of the greatest surprises of my life during the analysis of a detective. It became evident that he was a thoro criminal and that his keen insight into the criminal mind grew out of similar inclinations in himself. It always struck me as remarkable that so many cases of compulsion neurosis occur in lawyers and judges.

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Compulsion neurosis is particularly adapted to demonstrating the connection between criminality and neurosis. All compulsion neurotics are intensely occupied with criminal fantasies. Their compulsive actions usually embody the so-called "death threat," *i.e.*, the compulsive idea reads [at the beginning and after the analysis]: "if I don't do this or that this one or that one will die." The compulsion neurosis constitutes an ingenious system of defences against criminal instincts.

I may perhaps be permitted to demonstrate this more fully by means of an example. A police magistrate complains for several years that he has lost interest in everything that does not pertain to his line of work. He reads only legal works, does not go to the theater, in the newspapers he reads only what relates to his calling; he has lost interest even in his family. Gradually compulsive actions and doubt begin to afflict him. After the trial of an accused person he puts the question to himself: "have you conducted yourself justly? haven't you put leading questions to the accused?" Such doubts torture him for many days. He is exaggeratedly punctilious and conscientious in discharging the duties of his office and studies with the minutest exactitude all the decisions of the superior courts. He never speaks with a witness alone for fear of laying himself open to the suspicion of having permitted himself to be influenced. And the psychoanalysis brings still other safety devices to light. It is painful to him on a journey to find himself alone in a coupé with one other person. Just he, owing to his judgeship, has the opportunity to observe how easily an innocent person may be suspected of having robbed, waylaid, or even murdered someone. He leaves the coupé if he happens to be alone with another one in it. These are only a few of the superficial phenomena in his neurosis. But the psychoanalysis uncovers the roots of the trouble. These roots are extremely powerful criminal instincts which because of personal reasons had in recent years received a fresh stimulus. Because of the unscrupulous conduct of a relative he had been cheated of an inheritance which he had surely expected to get. For a long time revenge fantasies as to this relative played a rôle in his spiritual life until they were forced out of consciousness and gave place to the distressing symptoms of a compulsion neurosis. The recent experience just referred to was only the last stone in a large edifice. For a compulsion neurosis extends back to early childhood and reveals its deepest roots in an ever active painful consciousness of guilt traceable to the criminal fantasies of childhood. This patient had voluntarily taken up the study of law so that by his knowledge of the law he might defend himself against his misdoings: Let me not be misunderstood! By no means do I intend to say that this is always the case. The pleasure derived from giving judgment and from juridical study may also emanate from the victorious conquest, *i.e.*, the successful sublimation of the infantile criminal epoch. It may be a positive joy at the cultural

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progress of mankind. But in many of the cases observed by me I found the above psychic mechanism of personal defence against the criminal impulse. I would like to supplement this with another observation: All neurotics are really pious people at heart. [The law of bipolarity.] Sometimes they pretend to be unbelievers. But they have only apparently overcome their belief and only in the intellect. Affectively they still stick deep in their old childhood beliefs. To the initiated their belief betrays itself in their superstitions, mysticism, spiritism, theosophy, Buddhism, etc. From this belief emanates the profound consciousness of guilt which represents the driving power of all neuroses. Their fear is the fear of retribution, and therefore God's vengeance.

[One of my patients, a young man of 22, began to work at the age of 14 but was not contented with any of his jobs until he finally found a position in a corset house. His parents had always been and still are corset manufacturers. In his earliest childhood, he recollects, he used to enjoy stealthily looking over the transom from his room into the one where his mother's beautiful customers were trying on their corsets. His voyeur propensity was so great that he used to resort to all sorts of tricks, *e.g.*, rolling a ball under a piece of furniture, so that he could get on the floor or under the table and look. Pictures of corsets always had a great interest for him. After he got the position with the corset manufacturers he invited corsetieres to send him their catalogues and illustrations, the latter of which he hung about his room and looked at admiringly from time to time. So much did these pictures interest him that he used to study them with a magnifying lens, but only those showing the ventral aspect. Not infrequently he caught himself indulging in fantasies of the women pictured in the corsets coming to life and entering into relations with him. As a corset salesman he was passionately fond of seeing the 'lady buyers' in the stores try on his corsets, over their clothes (as the custom is). At such times he found it necessary to make all sorts of measurements, especially the length in front, and to inquire whether the steels in front cut into the flesh, all which data he would note down most carefully and—then lose his memoranda and have to return to the store to repeat his investigations. It was not long before all this came into serious conflict with his profoundly religious nature and he developed a neurosis which compelled him to quit his employment. Psychoanalysis has cured him of his neurosis and of his neurotic voyeurism. He is happily married and back with his old firm selling corsets in a perfectly healthy way.]

My thesis is finished. I am well aware of the fact that it is only fragmentary. But I hope it will serve to stimulate other investigators to study the connection between vocational choice and neurosis and more especially the connection between neurosis and criminality. We must make up our minds that the criminal

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is not separated from cultural man by such an enormous gulf as we have hitherto believed [or pretended to believe]. There is a no man's land between the two, and there is a continuous line of development from the monster of the 'Jack the Ripper' type to the celebrated, noble minded gynecologist who saves thousands of human lives at the cost of his own health. At one point on this line criminality passes into neurosis.

Contributed to THE CRITIC AND GUIDE.

INTESTINAL AUTOINTOXICATION.

BY GEO. F. BUTLER, A.M., M.D.

PROPHYLAXIS.

After all has been said as to the importance of intestinal autointoxication as an etiological factor in disease, and after all the doubts as to the standing it may have in this connection, one thing remains certain, namely, that, for successful therapy it is very necessary to take it into consideration. If the toxic bodies which are formed in the intestine during normal digestion (albumoses, leucomaines) are introduced in sufficient quantity into the circulation, a result is acute intestinal autointoxication, whether caused by improper food, or food in too large amounts. When the protective functions of the liver, normal alterations that take place in the blood, and certain changes in lymphatic tissue, together with proper elimination, are in working order, this may be prevented, either partly or completely; it is when these various functions are not sufficiently active that symptoms may be produced, even by small quantities of intestinal toxins, and, if they are permanently inefficient, chronic autointestinal infection will result, provided the ingested food is of a kind to generate toxic bodies in sufficient quantity. Moreover, the toxic bodies circulate in the blood, giving rise to functional disturbances in the nervous system and in the eliminating organs and tissues, a change in whose nutrition may lead to infections. Also if the existence of toxins is chronic in the blood, not only do they predispose to infection, but they lead to organic changes in the liver, the blood vessels, the composition of the blood, the respiratory tract, any mucous membrane, the kidneys, skin and probably the nervous system. The clinical evidence is, tho the chemistry of the condition is not thoroly known, that certain resultant bodies, like uric acid and the urates, ultimate derivatives of chronic autointestinal infection, also produce pathological changes. The probability is that one of the factors in the causes of acidosis is intestinal autointoxication.

Autoinfection being produced by albuminous food, which may contain saprophytes, the toxins are produced within the body, or there may be changes either normal or abnormal taking place primarily in the intestine when the quantity or quality is abnormal; or when motion is hindered. The prophylaxis, which must take under advisement all these elements, is practically the treatment, or the same as the treatment.

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TREATMENT.

Acute form.—This form comes as a "bilious attack", usually to those who are afflicted with the chronic form, tho people who are healthy in other ways may be subject to it; there are also individuals who are predisposed to it, to whom it may come as an attack of migraine, and it is likely to occur in all persons subject to obstructive conditions of the bowels, such as constipation. Calomel or blue mass followed by a saline should be given for the bowels, and the food should consist of nutritious fluids, milk and gruels. Unless there is a special indication for its use, meat should be withdrawn, even in the form of soups and broths. All obstructive conditions in the bowel should be removed when possible, and, if the underlying cause is found to be the character of the food it should be changed in the future. There is evidence to show that the addition of mildly irritating substances, like oatmeal, hominy, etc., to the food has a good effect.

CHRONIC FORM.

1. *Food.*—The food should be a combination of fruits, vegetables, fats, carbohydrates with the two forms of albumin found in milk and eggs, to which meat may be added once a day, this diet to be maintained a long time, perhaps for years. If the case is an unusually bad one the patient may be put upon an exclusive diet of milk as a nitrogenous basis; after a short time carbohydrates may be added, gradually introducing the normal diet for the individual case.

2. *The Gastrointestinal Tract.*—Such conditions as may be produced in the stomach by the diet should be treated according to their nature. Saline cathartics are valuable, to be given before breakfast and warm. When, as is usually the case, Rigg's disease is present, the mouth must be treated locally. For the removal of the bacteria contained in the intestine we should use mercurials and sulphur-containing mineral waters which combine antiseptic with eliminative properties, tho some of them must be reinforced in order to produce purgative effects. Intestinal antiseptics are of great value here, such as salol, salacetol, and benzosol in powder form, or the sulphocarbonates.

3. *Elimination.*—Elimination should be set up in the bowels and skin. The process called "hardening" should be employed in order to stimulate the gaseous exchange. The elimination of the toxic bodies may be attained in various ways, namely, by baths, hot or warm, of the Turkish or Russian variety, with, according to indications, the addition of such agents as sulphur, the warm pack, etc. The lungs play their part in elimination, in which they may be greatly assisted by systematic exercise on the part of the patient, and by breathing gymnastics; the kidneys are even of more importance as an eliminative factor, and should be stimulated with plenty of water, either of the mineral variety or any fresh and sweet water, to the amount of one to three or four quarts a day. Water with too much lithium in it should be avoided. A little

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of this is good, but too much of it produces discomfort in the stomach.

4. *Exercise.*—The patient should take exercise every day, active if possible; if not, he should have massage or Swedish movements; and this is especially important for such patients as are tied down to sedentary pursuits. Exercise acts by favoring elimination, by removing the cause, and, it is believed, by oxidation of the leucomaines.

The diagnosis of intestinal autointoxication is never made by the wise physician until a painstaking differential diagnosis has eliminated everything else, after which he searches for the cause and treats that if, by any possibility, he finds that he can do so. Still, tho the condition itself is easily diagnosticated, its causes are so various and so hidden that they are not infrequently beyond detection.

ABOUT BOILS.

A boil is not such a trifling matter as some persons think. Not only is it serious as an evidence of lowered vitality, but it is dangerous in itself; pyemia (absorption of the pus into the circulation) may easily develop from an improperly treated boil or carbuncle.

Tho the precipitating cause of boils is charged to a microbe's entrance thru the sebaceous or hair follicles, their development depends on systemic conditions. When the health is vigorous, the excretory organs active, and the body free from accumulation of waste, boils cannot go beyond the "blind" stage; that is, they will not usually come to a head, and will often disappear without having caused much trouble.

Carbuncles are large boils; they often afflict the invalid and aged as a result of their lowered power of resistance. Irritation of the skin has caused many carbuncles; the worst one I ever saw was on the back of the neck, caused by an ill-fitting collar button.

Method of treatment depends on the boil's stage of development. If it is just starting, it generally may be absorbed by freeing the body of all impurities as rapidly as possible. Fasting for a day or two, or extremely light eating and abundant outdoor exercise are valuable. Steam or other sweat baths, or a hot wather bath at 105° F. for a quarter of an hour, enemas, and purgatives where necessary—all sensible eliminative measures—are indicated. Such treatment may often "abort" the boil. The injection of a few drops of liquefied carbolic acid will also often abort a boil in its early stage.

But if treatment is delayed until suppuration has begun, it usually is best to take a different course; that is, do all we can to facilitate the boil's development and hurry it to the last stage. Nature's idea is to bring the irritating matter all to one point and eject it as a "core." To assist this process, various poultices have been used; but hot compresses are as good or better. In

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case of much pain they are the very best local treatment. Cold packs may be advantageous where there is considerable fever; and alternate hot and cold packs often give good results.

We are told that it is unwise, even dangerous, to lance a boil before it is "ripe"; but surgeons will not endorse this statement. It takes a boil six or eight days to ripen, and in some cases the patient suffers a great deal in that time. Much of this pain can be easily avoided by lancing; it relieves the tension and pressure. Needless to say this should be done by a skilled hand, especially in the case of a carbuncle. Needless to say, again, the lancet must be thoroly sterilized. Immerse it in boiling water while the patient is being prepared. Remember that every precaution must be taken not to infect the surrounding skin with the pus. Many times a series of boils has resulted from carelessness in lancing.

The old saying that every boil is worth $5 to its possessor is not much consolation to the sufferer. He would accept much less for his "pets." True, the boil is preferable to some other malady which the retention of poison in the body might cause; but it is possible to avoid both, generally speaking, by clean living, sensible eating, vigorous daily exercise, regular bathing, and constant attention to bodily elimination and general sanitation.

Vaginal Discharges in Children.

Vulvovaginitis in children is of frequent occurrence. The general consequences of medical opinion favors the gonococcus origin in the majority of cases. Most observers have accepted this opinion as an established fact, and upon that premise have conducted their medical treatment. Dr. J. C. Rubin (*Boston M. and S. J.*, 1. 31. '18.) by his observation of this class of cases during the past six years has reached a different conclusion. Of all the cases he has studied the very smallest number were truly gonorrheal. In the vast majority of cases the complications and sequelæ of gonorrhea were lacking. Gonorrheal opthalmia, urethritis, joint and peritoneal symptoms were absent, in spite of the apparent chronicity of the discharge. The writer points out that we ought to see more dangerous sequelæ later in life if the disease were really as prevalent as we have been led to suppose. We ought to see more pyosalpinx and pelvic peritonitis in young girls. We know, however, that practically in every instance where such condition obtains in a girl of 14 and upwards, there is always a definite history of *recent* exposure, with other signs and symptoms of gonorrheal infection. If the majority of children having vaginal discharge are infected with the gonococcus it must, in the writer's opinion, be a different microorganism from that described by Neisser as occurring in adults. Whether it is some other organism, however, can be established only by proper bacteriological and serological tests. The smear examination is unreliable and misleading, and hence valueless as a method of diagnosis.

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Medical and Therapeutic Items

Hereditary Syphilis and Appendicitis.

In corroboration of his assertion that enterocolitis and appendicitis in children are of syphilitic origin, Professor Gaucher (*Ann. d. Mal. Vén.* May, 1917) cites the case of a girl, 10½ years of age, who was admitted to the hospital with unmistakable symptoms of appendicitis as well as of congenital syphilis. For about two weeks she had abdominal pains at the right side; palpation caused severe pain at a certain point in the middle of a line extending from the umbilicus to the spines of the anterior and superior ileum. Pressure did not produce pain in other parts of the abdomen, chiefly not at the left side. At the age eight the patient had a double interstitial keratitis which was cured by inunctions of mercury. She was big and well developed, but rather flabby and lymphatic. Her nose was slightly flattened at the base and turned up at the tip; the vault of the palate was deep; the tongue showed a median and several small transversal fissures. The examination of her blood gave a positive syphilitic serum reaction. The child's father, aged 53, had a history of gonorrhea, but denied syphilis altho the examination of his blood gave a positive Wassermann reaction. The mother had died at 38, during her third miscarriage. Of eight children, two were living, including the patient. Five children had appendicitis to which three of them succumbed. Three other children died at a very early age. The only living sister of the patient, 13½ years old and in good health, had been operated on for appendicitis at the age of 12. Besides a pointed roof of the palate and a fissured tongue she has no other signs of congenital syphilis. The writer is acquainted with three families, one with two, the other two families each with three children who were all operated for appendicitis; the three fathers were syphilitic! To show that familial appendicitis may be the result of syphilis transmitted to the second generation, Gaucher cites the following case: A man who died of ataxia had a son who was the father of six children. This son had an olympian forehead and a double convergent strabismus. Of his six children one died a few hours after birth, the other at the age of 18 months; two had appendicitis, one of them was operated upon, the other one died of it. The two remaining children, 2 and 4 years old respectively, were too young at the time the examination was made, so that no opinion as to their future could be formed. The writer states that he is in possession of a great many more observations of an analogous nature. To the objection that after two or three generations there was not necessarily a connection between congenital syphilis and appendicitis, for the reason that probably the majority of people

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come from infected stock, Gaucher replies that the descendants of luetics are not necessarily syphilitic themselves. He regards appendicitis as a result of congenital syphilis only in such cases in which the presence of syphilis has been firmly established by positive serum reactions.

Treatment of Skin Diseases in Childhood.

Dr. Charles J. White (*Boston M. and S. J.*) reminds us that eczema being an inflammation demands rest and protection from harm, which means, guarding the skin from physical and chemical irritants, including water. If the patient must wash, cornstarch and bran should be added to the water and the heat of the water regulated to that of the external body temperature. A superfatted cold cream soap should be used and the skin thoroly dried by patting rather than by wiping. Too many and too warm clothes should be forbidden. Intertrigo is easily managed by sufficient and gentle bathing with a mild soap and lukewarm water and then by dusting into the folds of the dry skin a well made borated talcum powder. In miliaria favor rest during the heat of the day, limit the amount of heavy foods ingested, request frequent baths in cool water, and have ready at hand the milky wash consisting of acid carbol 2, zinc oxid. 16, aq. calcis 250; sop this on when the skin itches, and as soon as it dries dust on plenty of borated talcum powder.

Balanitis is amenable to black wash: hydrarg. chlorid. mitis 2, aq. calcis 250. The cure can be hastened by additional use of boric acid ointment, worn when the wash is not being applied. If balanitis becomes a recurrent trouble, circumcision is indicated.

In eczema impetiginosum look for lice, and if detected get rid of the whole etiological question by cutting the hair short. If this procedure is not practicable, crude petroleum must be applied. With the riddance of the lice the attack on the cutaneous eruption must be started by means of frequent gentle shampoos with soap and water. When the areas are properly washed and dried, apply boracic ointment: 2 to 30. For eczema madidans as well as for all other moist eczemas crude coal tar is the remedy par excellence. In childhood it is prescribed in the strength of one half drachm to the ounce of zinc paste, namely, crude coal tar 2, zinc oxide 2, amylum 16, petrolatum 16. This mass is smeared thickly on the face, scalp, or hands night and morning by means of a wooden throat stick, and no dressing whatever is placed over it. Every day the old paste is removed gently with the aid of soft gauze and oil of sweet almonds, and fresh applications are made until the disease is cured. Don't forget to cut all hairs as closely as possible before starting the treatment. If pustules develop, cease all applications in the immediate vicinity until these lesions have disappeared. And last, but not least, remember that crude coal tar is of a jealous nature and will not tolerate the synchronous use of any other drug. For eczema

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squamosum, not infrequently caused by eating corn off the cob, a very useful ointment is: acid salicyl. .65, bismuthi subnitrat. 2-4, ung. aq. rosæ 30.—Paronychia, which is an eczema-like infection, responds readily to the proper application of black wash plus boric acid ointment: acid. boracic, 2-4, adipis benzoat, 30, under a thin "cot," with or without the addition of salicylic acid. In paronychia the absolute cessation of all manual work with the affected finger is imperative.

Pituitary Extract in Incomplete Abortion and Placenta Previa.

Dr. A. Lipkis (*Northwest Medicine,* March, 1918) has successfully treated incomplete abortion cases with small doses of pituitary extract without any curettement or packing. He usually gives ½ c.c. pituitary extract hypodermically every day or every other day until the placenta is expelled. By the use of pituitary extract the dangers from operative interference are avoided, and the mortality is materially decreased. Pituitary extract in ¼ c.c. doses has proved of value in a case of placenta previa. A woman, with a miscarriage three years before, when about three months advanced with her present pregnancy, noticed signs of bleeding. When about eight and a half months advanced she suddenly had a big hemorrhage, and four hours later another. She was sent to the hospital with a diagnosis of placenta previa marginalis. About the middle of the second night she was in labor and bleeding. When the writer arrived, pain and hemorrhage had stopped. The cervix was three fingers dilated. When pain and bleeding returned she was given ¼ c.c. pituitary extract. The pain increased, but the bleeding stopped. Half an hour after the injection the head was born, and she was given another ¼ c.c. pituitary extract. There was some bleeding when the child was delivered. The placenta was hastily delivered and the uterus packed, the packing being removed 24 hours later. Recovery was uneventful.

Treatment of Papillomata with Formaldehyde.

Suldey (*Journ. de Med. et de Chir. prat.,* Dec. 10, 1917) treats papillomata, especially venereal warts, with an application made once a day, best in the evening, of the ordinary solution of formaldehyde, by means of a small swab of wool, preferably on a holder. This is well soaked in the formaldehyde, and then each growth is touched on the surface. Cure depends on the size and number present, but may be expected in from four days to a fortnight. The surface of the warts becomes gradually blanched, and after the third day, the dead layers of tissue begin to get detached, to be followed shortly by complete disappearance of the growth. The application is painless. The formaldehyde must not be allowed to touch the healthy mucous membrane. If there is a large collection of these growths, it is advisable to deal with them in successive areas. When all have fallen off, a small

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superficial ulcer is sometimes left. This quickly heals by applying some drying powder—bismuth, talc oxide of zinc, etc. Relapses have never yet been seen to occur. *"Practitioner"*.

Quinine in Treatment of Anal Fissure.

A typical case of anal fissure came under the care of Dr. Helen G. Layton (*Brit. M. J.*, 3.16. '18). There were tuberculous glands in the neck, a pile, and fissure a quarter of an inch deep, extending upwards from the base of the pile for more than an inch and a half. Operative treatment being refused, after trying the usual palliative remedies without result, remembering the granulating power of quinine, the writer packed the fissure with quinine hydrochloride (about five grains) after swabbing with cocaine solution. This treatment was repeated on each of 3 days. In 24 hours the surface showed well marked granulations and the patient's symptoms were much relieved. She slept all night after having had pain severe enough to prevent continuous sleep for ten days. After the third day that part of the fissure within reach was looking healthy, but the patient complained of pain higher up. The writer therefore prescribed a suppository of cocaine gr. ½, to be followed in a quarter of an hour by suppository of quinine sulphate gr. 5. These were used on four days, and by that time the fissure was quite healed and all pain and symptoms had disappeared. There has been no recurrence.

Splenic Extract in Carcinoma.

In a paper on "Nitrogen and Cancer" (*The Practitioner*, March, 1918), Dr. John Thomson Shirlaw reports that he has had under his care for the last 18 months a case of carcinoma of the duodenum in an old lady of 70, which has been solely treated with 5-grain capsules of splenic extract supplied by the British Organotherapy Co., with a successful result. The writer cannot absolutely prove that it was carcinoma, but it was easily palpable, and he was confident enough about the diagnosis. She was at one time so ill with vomiting, pain and pressure symptoms that her relatives were told to prepare for her death. She, however, steadily improved under the splenic extract, has put on flesh, and last summer walked a distance of five miles to a daughter's home and back. The only drug she took was morphine, which at the beginning of his attendance, the writer was compelled to give hypodermically. All other medicine made her sick.

Maggots in the Nose.

Dr. David Ranken (*Brit. M. J.*, 3. 16. '18), while employed in a general hospital in India, treated the following case. A man, aged 55, complained of a headache which he ascribed to a carouse on the previous evening. The next day the headache continued. Besides, the patient had pain in the nose and left ear, and had an attack of epistaxis. He was kept in bed and given calcium lactate.

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The next morning about thirty maggots were found on his pillow. The nostrils were painted inside with liquid vaseline several times a day; this has the effect of occluding the respiratory organs of the insects. During that day and the next, more larvae came out. In all, some fifty to sixty larvae were counted. The patient slowly recovered his strength, and three weeks later the headache had disappeared. The greater part of the bony septum of his nose was destroyed, and also the turbinate bones on either side. Well marked atrophic rhinitis was present and persisted. There were no sinus complications. The man was discharged at the end of six weeks. The writer believes that the insect had obtained access to the nostrils and deposited its ova during a period when the man was lying outside in the open air intoxicated.

Neurasthenia.

Dr. S. H. Bennet (*The Practitioner*. Febr., 1918) deprecates the lethargic interest in neurasthenia displayed by the average practitioner and his scant sympathy given to the neurasthenic whose symptoms are regarded as mere figments of the imagination. The writer has encountered in his private practice, a series of cases of neurasthenia, with the result of a better understanding and appreciation of the terrible nature of this affliction. Neurasthenia almost invariably is preceded by a long prodomal period —"the preneurasthenic state". Hyper-selfconsciousness with its implied emotional disturbance is almost invariably present in every case of neurasthenia for years, preceding the onset of an actual attack. Neurasthenia is a definite syndrome, quite distinct from and not to be confounded with neurasthenic states which result from the abuse of stimulants or drugs. True neurasthenia is not an extreme degree of nervousness, but essentially a mental or psychic disorder, which presents a series of morbid phenomena and which transforms its victim into a more or less useless member of society. The clinical picture of neurasthenia is as well defined as that of other nervous diseases. Among the varying and multitudinous symptoms of neurasthenia are hyper-selfconsciousness and introspection with intense emotional excitement. Blushing of the face is of very frequent occurrence. Furthermore, cerebral fatigue which manifests itself by a weakening of the memory; enfeeblement of the will (aboulia), a diminution in the capacity of sustained intellectual effort; the presence of morbid fears (phobias). However, actual delusions or hallucinations never occur in pure and uncomplicated neurasthenia. Neurasthenics suffer from easily provoked muscular fatigue and nervous instability; tremors and twitchings commonly occur, but actual paralysis never occurs in neurasthenia. Palpitation of the heart is a very common complaint. The arterial tension is almost invariably lowered. A feeling that the brain is loose and moves ("jolts") inside the cranium, is a complaint frequently encountered. Vertigo or "a swimming in the head", and the peculiar

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sensation, experienced whilst lying in bed, of "sinking thru space", are of occasional occurrence. Disorders of sleep usually manifest themselves by a decided inability to fall asleep until several restless hours have been spent in bed. The great majority of neurasthenics present alimentary disturbances, such as constipation, flatulence, and dyspepsia. The appetite may be impaired, but often is quite good. The reflexes, especially the knee jerks, are exaggerated in practically all cases. Hyperesthesia is the commonest sensory disturbance.

As to the etiology of neurasthenia, the writer points out that there exists nearly always a neurotic constitution, inherent or acquired, rendering the nervous system vulnerable. Among the causative factors he attaches a high value to the environment in which the patient moves, because it is the reaction of environment on the emotional and psychic apparatus which is the important determining and predisposing factor. The writer agrees with most observers that males suffer more than females, which is to be expected, owing to man's more active life. Occupation is undoubtedly a distinct etiologic factor, in that cerebral overpressure exerts a deleterious influence on the congenitally predisposed.

Remember the Blind!

According to *Clinical Medicine,* among our civic communities, Buffalo stands out as one in which blindness has been reduced to a minimum. There, ophthalmia neonatorum is almost unknown, and the reasons are these. Every midwife must be licensed, and is required to put a 1 per cent solution of silver nitrate into the eyes of every baby immediately after it is born. This applies also to physicians acting as obstetricians. The silver solution is furnished free by the city's department of health. The birth certificates to be filed contain the question as to whether this preparation has been applied. Sore eyes occurring in the new-born must be reported to the department without delay. When a child is born under the ministration of a midwife, a nurse from the bureau of child hygiene immediately investigates the case, and reports her findings. Birth certificates must be filed within five days of the birth.

Enuresis and Other Disorders of Conduct in Childhood.

In dealing with some of the common disorders of conduct in childhood, such as jealousy of an older child to a newly born brother or sister, refusal of food or sleep, etc., Dr. Hector Charles Cameron (*The Practitioner.* February, 1918) points out that these symptoms have their origin in the fussiness of the people in charge of the children and in the unwise suggestions conveyed to them. Where children are left pretty much to themselves no one of these disorders arises. But an atmosphere of apprehension and unrest in the household rapidly communicates itself to the

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child. By urging the children, by appealing to them to eat, to go to sleep, etc., the difficulty is emphasized. The child's refusal is a kind of "negativism"—the greater the efforts to persuade, the stronger the resistance. When the child is constantly warned not to hurt the baby, if he is forbidden to go to the cat, if the baby is always snatched from his reach, then he will persist in his attempts to get at it, and may even act so as to confirm the mother's belief that he will do it harm. The writer intimates that the same forces are at work in the production of enuresis, or bed-wetting, which in infants is usually treated lightly and in the proper spirit of tolerance. But with children a little older parents and nurses become distressed, and the result of their admonitions and urgings is the complete loss of selfconfidence in the child. He feels ashamed, miserable, and his thoughts about the subject become a veritable obsession. The influence of suggestion is shown by the behavior of the child when removed to a hospital. It is the invariable experience that the enuresis then promptly stops. Here, the attitude of those around the child is entirely different. He has the comfortable feeling that in wetting the bed he is doing exactly what is expected of him. Hence, he is free from the obsession—and the bed is not wetted.

The writer does not believe that any of the various forms of treatment, recommended from time to time—operative, manipulative, educative, medicinal—have any effect other than as an aid to the suggestion of cure. In a rational treatment of enuresis judicious management of the child is essential. The emphasis must be laid upon success, not upon failure. The child must be helped and encouraged, not rendered diffident and selfconscious.

Treatment of Angina Pectoris.

Dr. E. Fletcher Ingals (*Journ. A. M. A.*, 4. 6. '18), intimates that angina pectoris is not as hopeless as we are wont to believe if given proper care and treatment. The sublingual administration of *fresh* hypodermic tablets of nitroglycerin in large amounts is of great value. This remedy does no harm and may be repeated as often as necessary, except when it causes too much headache. Headache, however, is sometimes relieved by repeating the dose. Nitroglycerine is of doubtful utility if it is not fresh or not given in sufficiently large doses. The heart may be protected against inhibition shock by the use of atropin. As much as 2 mg., or 1/30 grain may be needed with some adults. In cases of extremely slow pulse atropin has quickly relieved the inhibition. When the heart action is feeble digitalis and nux vomica—both together!—are indicated.

It has been contended that nearly all cases of angina pectoris in persons less than 45 years old are syphilitic. If there has been syphilis the proper treatment should be adopted: potassium iodid and the arsenical preparations.

During the attack, if prolonged and severe, whiskey in quan-

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tities of 3 ounces will give relief. Hot applications over the sternum, as an electric pad, are helpful in relieving pain. Graduated exercise combined with baths of the Nauheim type by adding 9 pounds of sea salt and 10 ounces of calcium chlorid to 40 gallons of water may be of great benefit. To prevent the attack the writer emphasizes the importance of regular temperate habits, abundant rest, and the avoidance of exciting causes.

Diphtheroids and Female Sterility.

With the idea of stimulating investigation of possible effects of bacterial flora on the female genitalia, Drs. T. C. Stellwagen Jr. and P. S. Pelouze (*Jour. A. M. A.*, 4. 6. '18), present the following clinico-laboratory experience. In the fall of 1916, a dentist submitted to examination because of an anterior urethral discharge. He had been married seven years, urethral discharge during this period and extramarital exposure was denied. His discharge was composed of pus cells and epithelial elements. The only bacterium present, obtained from the anterior discharge and the prostatic secretion, was the pseudodiphtheria bacillus. Under the usual treatment, reinforced by antogenous vaccine therapy, his status became normal. At this time the writers decided to study the bacterial flora of his wife's genital tract. Some time previous, for a year and a half, she had been under the care of a gynecologist for the purpose of correcting sterility. She had been given vaginal medication, dilatation and currettage; an abdominal operation had been performed for a malposed uterus. But conception did not take place altho the husband's seminal fluid contained countless numbers of very motile spermatozoa. Examination revealed complete absence of vaginal discharge. Cultures from the vaginal vault presented the usual flora, with a preponderance of diphtheroids. The cultures from the cervical canal were purely diphtheroids. From a five-day growth of these bacilli almost all the Westbrook types of the diphtheria bacillus were demonstrated. Under separate autogenous vaccine treatment used on husband and wife both patients convalesced promptly with a disappearance of the diphtheroids. November 20, 1917, she gave birth to a healthy girl baby.

The Germicidal and Therapeutic Action of Garlic.

Dr. W. C. Minchin (*"Practitioner"*) directs attention to the volatile constituents of garlic oil (oleum allii) which rank it amongst antiseptics of the first order and make it of the greatest value in the treatment of pulmonary diseases by inhalation. Its great power of penetration allows it, when applied to any area of the skin or an ulcerated surface, to penetrate to the deepest tissues and bones in that region and to exert its antiseptic qualities. If an application of garlic is made to any part of the unbroken skin, its active oil enters the blood stream, and can be detected in the breath by its odor in about 10 minutes. It penetrates all parts of the body, and is eliminated by the lungs, skin,

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liver, kidneys, lacteal secretions, and saliva. Garlic oil seems to be Nature's antiseptic for internal use, for it not only destroys many germs of disease within the human body, but is harmless to the human tissues.

When typhus or typhoid have invaded the body and have become established there, the writer advises a trial of one drachm of fresh succus allii sativi every four to six hours. In diphtheria garlic acts better than anything else heretofore recommended. The patient should be instructed to keep a small portion of the bulb in the mouth and occasionally to score it with the teeth in order to expel a little juice. This should be continued until the piece of bulb has been reduced to a pulp, when it may be swallowed and replaced by another piece. The writer notes that the virtues of garlic in the treatment of tuberculosis have been recognized from the most ancient times until the present day.

Professor Koch has shown that a small percentage of allyl alcohol inhibits the growth of the bacillus anthrax.

Garlic has a remarkable effect in neutralizing the poisons of stinging insects, and the ingestion of garlic causes some biting insects to avoid those who take it.

A lotion of the strength 1-6 of succus allii, in distilled water is suited to cure ozena and otorrhea when everything else has failed.

An excellent dressing for burns is made by the addition of 20 per cent of filtered succus allii to carron oil. [An ointment of succus allii makes an excellent application in rheumatism.—Ed.]

Dementia with a Double Heredity of Insanity.

Dr. E. G. Younger (*Insanity in Every-Day Practice*) reports the case of a youngster who came under his observation in 1894, when he was eighteen years of age. There was a double heredity of insanity. He had been spoilt by his mother and allowed to stay away from school whenever he liked, but when he did go was said to learn fairly well. At the age of sixteen he altered in manner, took still less interest in his studies, became conceited, and wandered about abstractedly. He was placed in a home and seemed to improve somewhat under discipline. When seen by the writer, he had relapsed, was sulky and suspicious, had a great idea of his own talents, thought that he was intended by nature for a statesman, and constantly wrote long and incoherent letters to the members of the Cabinet. He was known to practice self abuse. On one occasion he disappeared from home for thirty-six hours, and when found wandering by his friends made a desperate attack upon them, endeavoring to escape. He was removed to an asylum where he gradually became more demented and a shameless masturbator. When the writer heard last of him he had become the subject of chronic and hopeless dementia. Younger holds that true adolescent insanity occurs almost solely in those hereditarily predisposed to insanity. Kraepelin has found hereditary taint in 70 per cent. of his cases.

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Hygiene and Dietetics

Mother's Milk.

J. E. Wallin (*Problems of Subnormality*) declares that there is no specific superior to the mother's milk as a prophylactic against acute infectious diseases, intestinal catarrh, scurvy, rickets, marasmus, soft teeth and bones and retarded development. He refers to a German investigation covering the first five years of the children's lives, which shows that not a single death had occurred among 109 breastfed children from 24 families, while during the corresponding period every one of 33 families in which the babies were all bottle-fed had lost one or more infants. In another group of 29 families with 85 breast-fed infants and 109 bottle-fed, *all* the breast-fed were alive at the end of eleven years, while 57% of the bottle-fed were dead. A third group of 13 families contained 48 breast-fed infants, all alive at the end of ten years, and 23 bottle-fed babies, all dead at the end of the same period. In certain districts in Austria where mothers are accustomed to giving the babies the breast, from 16 to 17 out of every 100 born die during the first year, from 6 to 7 die during the first month, while the number of still births is from 9 to 15 per 1000. In other apparently industrial districts where breast-feeding is abandoned during the period from the first to the fifth month, the mortality is from 18 to 23 during the first year, 6 to 8 during the first month, while the still birth's number from 20 to 41 in 1000. The mortality among breast-fed infants less than nine months old which came under the supervision of the Board of Health of New York City in 1907, amounted to 25%, while the mortality among the artificially fed was 74.9%. While there has been considerable improvement in the artificial feeding within recent years, and while the decrease in the mortality of nursing babies cannot be wholly due to the influence of mother's milk but to favorable factors which go with nursing but do not go with bottle feeding, Wallin emphasizes that the milk of the mother is the natural food for the baby, and that the mother's breast is not only the best instrument at our command for combating infantile mortality, but it is the source of the prime nutritive elements upon which to rear a strong and hardy stock.

Fallacies in Handling Children.

Dr. Walter R. Ramsey (*Minnesota Medicine*, Jan. 1918) calls attention to a few of the hundreds of time-honored fallacies and wrong practices in the care of infants. He says the belief that new-born babies must be bathed immediately after birth is responsible for many deaths. Such infants should be rubbed

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with warm oil, put in warm blankets and allowed to remain from 12 to 24 hours in a uniform temperature of from 75° to 80° F. without bathing. Another fallacy, according to the writer, is that the mouth of the infant beginning with birth should be daily swabbed. He asserts that the mouths of infants do not need swabbing, unless they are already diseased, until the teeth come thru, after which the teeth should be brushed daily. The practice of putting the baby to the breast every two or three hours during the first days is also erroneous and responsible for many failures in nursing.

The writer condemns the common practice of ordering a dose of castor oil for the baby on the third day. The first dose usually leads to a second and third to be followed by enemas and suppositories, and serious intestinal irritation is the result. Injections, including enemas and suppositories, should almost never be given to young infants. Breastfed babies may go several days without a movement—without any disadvantage. That infants should be fed largely upon milk for the first two years is fallacious. After the first year the child should have a good mixed diet which may be supplemented by milk in limited amount. The idea that heating or boiling milk injures it seriously as a food for children is also erroneous. Pasteurizing at 160° F., or boiling milk for three minutes does not seriously detract from its food value. That milk is one of the most common carriers of disease has been definitely proved and there is no cow's milk safe as a food for infants unless it has been first properly pasteurized or boiled.

Weather Influences.

E. Stuart Chapin (*Social Evolution*) points out that careful investigation has confirmed the popular belief that clear, cool weather is invigorating. E. G. Dexter (*Weather Influences*) has made a study of the influence of various meteorological conditions upon the conduct of school children, upon the occurrence of crime, and upon the number of errors made by bank clerks. In damp, muggy weather people feel disagreeable and suppose themselves ready to do all sorts of evil things. As a matter of fact they do not do them, for the vital functions are so far depressed that there is no surplus energy to spend in doing anything very active, either good or bad. Dry, windy days stimulate the vital processes, unless it be exceptionally warm, and create a surplus of energy which finds expression in work or mischief, as the case may be. On very dry days in Denver the amount of crime among adults and of misconduct among school children increases largely. The nerves seem to become unstrung by reason of the high state of electric or magnetic tension, by the dryness and the wind. When the wind dies down and the air becomes moist, the nerves return to their normal condition, but the system has been thru an experience which reduces the power to control

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emotional impulses. We find that people in extremely hot, dry countries, like Persia and Chinese Turkestan, are highly emotional and seriously lacking in self control.

The Role of Beer in the Dietary.

....It contains a material amount of diet deficiency substances of the order of vitamines, and investigations have shown that beer added to the dietary increased the assimilation of the non-nitrogenous foodstuffs, and particularly of fats, while alcohol in moderate amount increased protein absorption from nitrogenous foods. Then, again, beer has undoubtedly a condimental action and often makes the simple meal attractive, if it is only bread and cheese. Thus regarded, beer instead of representing a waste of food materials from which it is made, may actually effect an economy in inducing those whose custom it is to drink it a better appreciation of the food they consume.—*The London Lancet.*

EUGENICS

Peculiarities of Hereditary Transmission.

Dr. Henry Maudsley (*"The Pathology of the Mind"*) points out that in all hereditary transmission there is a deep silent stream of tendency which is of more importance than we see here and there on the surface. A son, who cannot in the nature of the case exhibit them himself, still conveys his mother's special feminine qualities to his daughter, having them latent in him, as he has in him the rudimentary representatives of the special female organs; in like manner, a daughter conveys her father's special masculine qualities to her son, having them latent in her, as she has latent in her the rudimentary special male organs. Everybody, male or female, is essentially male and female. In spite of their facial unlikeness two brothers or sisters are sometimes like two separate cords stretched side by side and tuned in unison, when, the one being struck, the other vibrates also and sounds the same note; wherefore here and there madness and suicide seems to be positively infective, the discordant note in one member of a family striking an answering note in another when the two live together in daily converse and do the same things in the same way day by day.

Is History Repeating Itself?

In Greece and Rome the acknowledged dearth of children in the patrician families, and in other families as successively they came to the front, gradually drained the races of all their finest innate qualities. In vain did Greek philosophers construct in imagination ideal states where only the best members should have

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offspring, to be supported and reared by the public wisdom and at the public cost. In vain did Roman Emperors bestow special privileges on fathers of three or more children. The duties and responsibilities of family life fell into disfavor among many of the best men and the ablest and most attractive women. The stock deteriorated, and the fruits of centuries of magnificent civilization were cast away. Mankind relapsed into barbarism, where the beneficent if stern effects of natural selection could again come into play.—WHETHAM: *The Family and the Nation.*

Primogeniture and Amentia.

It is said that first-born children are more liable to be mentally defective than are those born subsequently, and this is attributed partly to a supposed increased mental instability of the mother during a first pregnancy, and partly to the fact that labor is more protracted in primiparae. A. F. Tredgold (*Mental Deficiency*) points out that neither the mother's mental state nor protracted labor really have very much influence upon the intellectual status of the child in the absence of neuropathic predisposition. He believes the statement that an undue proportion of idiots are first-born children is decidedly open to question. His own experience is to the effect that it is more common for the later born, and not the first born, to be affected. The writer has notes of not a few families with a tendency to mental and physical degeneracy in which the first one or two children presented no great departure from the normal; these were followed by one or two others who succumbed to ordinary children's ailments, from which healthy children would probably have recovered; then came the idiot, in some cases to be succeeded by a number of stillbirths.

Consanguinity and Mental Deficiency.

In the opinion of A. F. Tredgold (*Mental Deficiency*), the statement that consanguinity is, in itself, an important cause of amentia is one not supported by facts; on the contrary, there are instances where repeated intermarriages has taken place for many generations without the slightest untoward result. In his own series of cases the writer found that only 5 per cent of defectives were the offspring of blood relations, and in all of these a pronounced neuropathic heredity was present. Voisin, who investigated the offspring of forty-six consanguineous marriages in the commune of Batz, where intermarrying had been the rule for several generations, says that "insanity, idiocy, and deaf-mutism are unknown"; and the same author could not find consanguinity the cause of mental deficiency in a single case at the Bicêtre and Salpêtrière. Alfred Huth (*Marriage of Near Kin*) also is of the opinion that this practice is not attended with harm if the family is healthy, and instances the inhabitants of

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Pitcairn and Iceland in support of his statement. Tredgold sees the crux of the whole question in the presence of morbid heredity and not in consanguinity.

Genius Springing from Mediocre Stock.

Concerning the value of hereditary influence the mistake is very frequently made in discounting the belief in mental heredity by pointing to great geniuses coming from humble families, Franklin and Lincoln for instance. Dr. F. H. Woods (*Mental and Moral Heredity in Royalty*) argues that these men should only strengthen our reliance in the force of heredity. We should consider the thousands, indeed millions, of mediocrities who have to be born from mediocrities, before one mind of the type of Franklin's is produced. That they rise superior to their circumstances is in itself a proof of the inborn nature of their minds and characters. A man of this sort represents a combination of the best from many ancestors.

Simpler Mental Constitutions.

With the increasing complexity of modern life, an infinite variety of situations is created which handicap the simpler mental constitutions. What had been a normal standard during the childhood of the race or under generally more primitive conditions, naturally lies far below the level of modern demands. In many cases the strain produced by these demands upon the simpler mental constitutions may reach the breaking point, then causing true reversion. The conduct of an individual of this type will be normal under the stimulus of earlier instincts, and of primitive methods of thought and reaction, under conditions commensurate with his constitution. The conditions are, however, opposed to modern social conduct. To him, modern social organization offers many restrictions—on the other hand, offering many opportunities for temptation. Thru these temptations which give an outlet to his most primitive instincts, he may be led into mental disintegration, which predisposes him to complete failure.... The peasant boy who quite efficient in his home environment is apt to fall by the wayside when reduced to a factory hand under congested conditions of urban life and competition. Such a life is too remote from his natural method of thinking and living. Not infrequently he will seek forgetfulness, or the illusion of strength and self-satisfaction, in dissipation and drink, thus lower his chances for success still further. His children, growing up in an atmosphere of strain, of the unequal struggle of a primitive equipment pitted against modern life standards, will lack vitality, and may become mental defectives, as they are physical defectives, the victims of malnutrition, poor housing, lack of air space and of joyful exercise. Factory girls, immigrants from foreign countries, have been shown to develop various kinds of psychoses, thru the effect of economic pressure.—MAXIMILIAN P. E. GROSZMANN: *The Exceptional Child*

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THE MEDICAL

Critic and Guide

Incorporating the

Dietetic and Hygienic Gazette, Physicians Drug News & Office Practitioner

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

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Editorials and Editorialettes

The CRITIC and GUIDE has shed its goldenrod covers—temporarily.

Liberty Bonds and Inconsistency.

It is utterly useless to try to please everybody. Every such attempt is foredoomed to failure. If you do not try to please anybody, you will please somebody, but if you attempt the foolish task of pleasing everybody, you will please nobody. There are too many fools and knaves in this world; too many moral and mental imbeciles. And they are everywhere. No class, no party, no organization is entirely free from them; you will find them among the radicals and ultra-radicals. And you will find them among the pro-Allies as well as among the pro-Germans. The conservatives and reactionaries have no monopoly of them. There may be a difference in the proportions, but they—speaking of the intolerant fools, the slanderous knaves—are everywhere.

We believe we have shown sufficiently, and more than once, the courage of our convictions; and nevertheless we have received dozens of scurrilous letters and insulting marked clippings —all anonymous of course—and why? Because there appeared in THE CRITIC AND GUIDE an advertisement of the War Savings Stamps, and an article sent in by the Director of the U. S. Publicity Bureau on the Liberty Loan. The trouble is that so many people think they think with their brains, when as a matter of fact they let their feelings, their prejudices, their likes and their dislikes do their "thinking" for them. And while themselves inconsistent from one minute to the next, they find inconsistency where none exists. Consistency is the hobgoblin of little minds, it is the bugaboo of all kindergarten thinkers. But

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there is no inconsistency in being opposed to war, in hating war with every fiber of one's being, and still, when one's country *is* at war, to furnish it the sinews of the war, so that the war may be brought to an end as quickly as possible. The most effective argument is the argumentum ad hominem, and I can do no better than to repeat what I wrote on the subject several months ago. I wrote: "If my son were drafted I would want him to be as comfortable and as well provided as possible. *And what I want for my son I want for every father's and mother's son.* In war the individual is helpless; he has to do what the *force majeure* decides. And it would be cruel, indeed, if in addition to the *unavoidable* hardships and dangers of war, the soldiers were subjected to the *avoidable* unsanitary discomforts of bad food, insufficient clothing and poor quarters. The least we can do is to see to it that our sons who are sent to the camps here or to the hazards of over there are made as comfortable as possible."

This is my argument, and no stronger argument is necessary. As to the idea that the refusal to buy bonds or war savings stamps would stop the war, that is sheer "infantilism." On the contrary it would prolong it. As I wrote: "If the sale of bonds and savings stamps would not bring in enough money, the money would be obtained in some other way; *but obtained it would be.*"

No, it is utterly useless to try to please everybody. The one thing for the honest and clear thinking writer to do is to write according to the light that is in him—not entirely forgetting the censorship—and not to give a rap what the extreme conservative or extreme radical, the extreme militarist or extreme pacifist, extreme pro- or extreme anti-ally may say or think. Be true to yourself, act according to the light that is in you, do the best you can under the circumstances—and leave the rest to the gods.

The Climacteric in the Male.

Most of us, I suppose, are acquainted with the flare-up of intellectual activity that occurs at or about the menopause in women. Or, if, perhaps, it is incorrect to call the manifestation a flare-up, there is, it must be admitted, not only a bodily change, but also a mental transformation—a subsidence of emotional floods and an emergence of intellectual mountain chains, bringing a new aridity of temperament, a fresh coolness of perception, coupled with an indurating of the quality of prejudice before which the wise man bows and keeps silent. As in the old folk-tales, the woman-soul comes out and flies away for good, leaving an empty casket behind.

This, I say, is familiar to us all. But I am not so sure that an analogous change in the psychology of the male is equally admitted. And yet such a change does undoubtedly occur, at all events in some individuals. It is, of course, expected that about the age of fifty we shall step upwards out of the region where fleshly lusts prevail and war against the soul. As a matter of fact, something like this does occur, but we are not so proud

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of our victory as we might be, feeling, I suppose, that the witty Frenchman was only too correct when he said: "We do not abandon our vices, our vices abandon us." This, I say, does occur; often; not always. Sometimes the said vices come closer in.

An interesting suggestion as to the working out of genius is rather in the air at the moment—a sort of variant of Balzac's parable of the *Peau de Chagrin*—emanating obviously from the recently displayed life-histories of Swinburne and Keats. It is to the effect that each man of genius, even of the towering immensity of Shakespeare, Dante, and the Greeks, has only got a certain amount of originality to him, his genius-ration, and once he has imparted that to the world, it is exhausted. He can do no more. He may, to be sure, and generally he does, embroider it, embellish it, disguise it, convert it, invert it, and even pervert it, playing with it in a thousand different ways. *Plus ça change, plus c'est la même chose.* Eternally and rigidly limited, nevertheless, it remains. .

In other words, give me two ideas and a prolific fancy, and I will create a universe.

If such then be the sum of the endowment even of genius, a relatively small number of years will suffice for the artist to produce his own little bit of the rainbow. And, in fact, as I believe, there are two periods in his life when the finished article may reach the packing-room. The first is in youth and early manhood. *Teste* Keats, Byron, Shelley, Burns and Aubrey Beardsley, all of whom died, consumed by their own fierce fires, in early life. Swinburne also died then, altho his body went marching along for many years after the flight of his soul. For in this process we are, of course, witnessing the actual emergence of the man's soul at his lips, or finger-tips, as the case may be.

The second period is from the age of forty-five onwards. During this segment of the life-cycle Milton wrote his Epics, Dante the Divine Comedy, Goethe put the final polish on Faust, and Cromwell conquered Britain.

It is, therefore—or rather it may be—a highly critical period. And if we look around those of us who have reached it, among our contemporaries, and those of us who have not yet reached it, among our seniors, are we not often stricken with amazement at the sudden darting-off into unexpected activities of sundry hitherto sedate and comfortable gentlemen? One becomes a poet; another a Tory of the rocking-horse type; while the third elopes with his cook, and I am not at all sure but that he is the least insane of the three.

Some others, and these by the ironic freakishness of Fate have usually been prominent sceptics, scoffers and agnostics, find religion—or spiritualism—but remain bores. "Sandro Botticelli," writes Walter Pater, "in later life fell under the influence of Savanarola, passing apparently out of men's sight in a sort of religious melancholy till his death."

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It is, we can see, a dangerous quiquennium, that between forty-five and fifty ("the perilous forties," of course) and when one considers the temptations lying in wait for the young and inexperienced at that age, one trembles with apprehension at the possibilities. That is one of the reasons why I am writing this note.

The other is, that it is really time that alienists, psychologists, and internal secretionists turned their attention from the menopause in the female, with which we all are bored, to the much more important transformation in the male. All the more so since, if I may be permitted to use the expression, it is really virgin soil.—This clever little article is reprinted here from *The Medical Press*. And I might add that the male climacterium is no longer doubted by careful sexologists.

The Intelligence of Goats.

Goats very often meet on very narrow mountain ridges with a precipice or deep gorge on each side. They cannot pass nor can they retreat, as there is no room in which to turn about. Under these circumstances the goats will stand and look at each other thoughtfully for some time and mentally discuss matters; then one of the goats will kneel and lie down very carefully, and the other will deliberately walk over him; they never get rattled nor lose their head. You will always find that any species of animal is about as clever as any other in the particular line of business which concerns its existence; and this we also find to be a fact in the cases of plants, cells, and of man.—NELS QUEVLIS.

A Case of Acquired Morbid Fear.

Dr. Paul Voivenel (*Le Progres Medical,* No. 16) cites an interesting case of acquired morbid fear in a soldier. In March 1916 S. F. left his arms and pack on the encampment and walked about for a week until he was arrested. His commander's report stated that he had received "la croix de guerre" in January 1915 and his corporal stated that he had always found him obedient and obliging. S. F.'s explanation was to the effect that he had stood a violent bombardment for 24 hours and the following morning he seemed no longer master of himself and went off without knowing where he was going—he tried to control his fear, but it was stronger than he.

In August 1917 he again abandoned his regiment when on its way to the front line trenches. At the end of ten days, when his regiment was 2 kilometres behind the firing line, he voluntarily rejoined it. His lieutenant declared that in normal times he was a very good soldier; amenable to discipline, but with an unconquerable fear of shells. His intelligence was mediocre and his manner extremely nervous at times. His comrades declared he was a good soldier but so nervous at times as to be actually

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ill; he could not stand loud explosions—they made him tremble beyond his ability to control himself.

The interesting feature of the case is that for 17 months a soldier who had always properly performed his duties and even won "la croix de guerre" was suddenly overwhelmed by an irresistible fear. Then after another 17 months of performing his duty as a good soldier, he committed the same offense.

Medico-psychological tests of soldiers have proven that there is such a thing as an *acquired morbid fear;* that courage is not a simple unchangeable quality, such as being a blond or a brunette, and that fear in *certain,* well-understood conditions may be a sufficient reason for a mental examination. Courage is not an entity; as a general rule it is the result of the victory of one's will over fear. As the basis of courage is the repression of fear, one must possess a strong will, superior intelligence and a normal emotionalism in order to be able to master it.

S. F.'s examination revealed the facts that both his intelligence and will-power were only mediocre and that his emotionalism was not normal. With such qualifications he was perfectly capable of performing his duties while in a calm sector, but entirely inefficient when in a sector under bombardment.

Best Season for Vacations.

Ellsworth Huntington (*Civilization and Climate*) argues that vacations, like many other conditions of human life, are largely seasonal. In professional occupations and in business it seems that people work fast in the fall because they have been rested by vacations. But this is not the case among factory operatives. As a rule such people do not take summer vacations. They usually stop work at irregular intervals, or else after Christmas when many factories shut down or work on part time for a few days to prepare for the new year. Investigations show that neither at this time nor in summer do vacations produce any appreciable stimulating results. During the vacation period the amount of work is moderately low, and in early January, after the Christmas break, very low. At the end of August it begins to increase, and increases steadily for two and a half months. The maximum in November is so long after the vacation period that it can hardly have anything to do with it.

There is a common idea that people need vacations in summer. There are strong arguments for this, since pleasant recreation is then possible out of doors. Nevertheless, the author asserts, the need is greater in winter than in summer. To meet this it is wise that work should be light during the winter. Many factories run on part time during the first weeks of the year. There are strong physical reasons for this. If the operatives of a factory, or people engaged in any other kind of work, are to be speeded up, the time to do it is when nature lends her aid. To speed up at the end of January is analogous to taking a tired

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horse and expecting him to win a race. Later in the year, during the spring, especially in May, people may apparently be pushed to the limit, and will not suffer, because their energies are naturally increasing. This is still more the case in October and early November. After the middle of November pressure may produce important results. Nevertheless, the chances are that if continued it will produce undue exhaustion, followed by a serious reaction. In winter the need of relaxation is greatest. In spite of this, it appears that the plan of escaping from possible extreme heat by taking summer vacations in the mountains or at the seaside is wise. Equally wise is the growing habit of getting away from the severe cold for a while in winter. The only trouble is that those who most need such a change are rarely the ones who get it. The author believes that if people could spend the summer on the Maine cost, the winter in Georgia, and the rest of the year in New York, they ought to be able to do the best kind of work at all seasons almost without the necessity of a vacation.

Treatment of Bichloride of Mercury Poisoning.

Dr. Meyer S. Pedott (*Ill. M. J.*) vouches for the following successful treatment in cases of bichloride of mercury poisoning: The patient should be wrapped in warm blankets and a hot water bottle placed immediately following the poisoning when shock or collapse is most threatening. Then, the first thing to do is to lavage the stomach with copious quantities of milk and eggs mixed with water. Second, the thoro and immediate elimination thru the skin, kidneys and bowels is best done by the following treatment:

1. Hot packs, twice daily, morning and evenings.
2. Egg albumin water every two hours.
3. Sodium acetate 2 grams in a tumblerful of hot water with a tablespoonful of lactose to be taken every 2 hours.
4. Proctoclysis with sodium acetate, 8 grams per liter.
5. High colonic flushings with large quantities of sodium bicarbonate, 3 per cent. solution twice daily.
6. Gastric lavage with a 3 per cent. solution of sodium bicarbonate.
7. A teaspoonful of the following to be given every 3 hours:

℞ Sodii hypophosphitis .....15.0 (½ oz.)
Aqua distillate q. s. d. ad .....60.0 (2 ozs.)

While carrying out the treatment give hypodermically strychnine sulphate gr. 1/60—1/30 or a small syringeful of camphorated oil.

Legislation Against the Use of Prevenceptives.

Maurice Parmelee, in his book "Poverty and Social Progress," calls the drastic penal legislation against the teaching and use of prevenceptives one of the most disgraceful things in

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this country. This legislation is usually alleged to be based upon certain theological and so-called moral doctrines. The author declares such legislation to be stupid because it displays total ignorance of the laws of population. It is brutal because it stands in the way of relieving the pressure of population upon many men, women, and children in the lower classes of society. It is vulgar because it is inspired to a large extent by a chauvinistic desire for great numbers. A vast number of individuals, churches, and other organizations are as guilty as and frequently more guilty than the legislators who have passed these laws because they have forced the legislators to pass such legislation. The author has known of many cases where poor women have begged nurses, social workers, and others for the information the dissemination of which is forbidden by these laws.

Americans Taller than the Races From Which They Descended.

Dr. Woods Hutchinson (*Civilization and Health*) recalls the fact that during the Civil War careful and accurate measurements were taken by the army surgeons at the recruiting depots of some 200,000 recruits for the Union Army. These men were not only from all the States of the Union, but from every important nation of Europe and several of Asia. Some years after the close of the war, two army surgeons collected and carefully studied all these recorded measurements with reference to nationality, age, climate, etc., with the result of finding that the height of the American born soldier exceeded by nearly two inches that of the average of the foreign born soldiers of the nations from which they were descended.

Further analysis showed that the greatest heights, chest expansions, and weights in the entire series were found in the recruits from those states which were of most purely American blood, in the sense of having been free from foreign admixture by immigration for at least one hundred years. The mountaineers of Kentucky, West Virginia, and their descendants in Ohio, Missouri and Kansas showed the best record. The same class also furnished the tallest regiments to our army in the late Spanish War. Furthermore, it was found that the girth of chest of our native born recruits was nearly an inch greater than the average of the European born. Later, thru the medium of the life insurance companies, it was found that American policyholders showed practically the same lead over Europe in weight that they did in height, in chest measurement, and longevity, i. e., up to about the fortieth year. After that the average weight was somewhat greater on the other side of the Atlantic, on account of their much more marked tendency to lay flesh after that age. The author says that weight above the average under forty is an indication of vigor and an advantage—after forty, not necessarily so, but often the reverse.

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Original Articles

Contributed to THE CRITIC AND GUIDE.

VOLUNTARY CHECKS TO POPULATION.

BY CHARLES GOLDMAN, M.D., BROOKLYN, N. Y.

A discussion maintaining that the use of contraceptives is the best check to population necessitates a short review of the origin of the question.

That a check to population is necessary not everyone is willing to admit. Malthus, in the second edition (published in 1802) of his "Principles of Population" (in which his doctrine is stated in the form in which he afterward maintained it), called attention to the constant tendency of all animated life to increase beyond the nourishment prepared for it. He reasoned that, as nature has scattered the seeds of life abroad with a very liberal hand, and has instilled into man a most powerful instinct to increase his species, these germs of existence if allowed to develop unchecked would fill millions of worlds in the course of a few thousand years. His contention that population *if unchecked* would double itself every twenty-five years, I do not believe anyone doubts. Professor Taussig, in his "Principles of Economics," says is would be possible for the human species to double itself in numbers in a period of twenty-three years. William Petty, in his "Political Arithmetic," supposes a doubling of population, if unchecked, in so short a time as ten years.

There are checks to population always operating. As man cannot hope to escape from the necessity for food the ultimate check is the lack of food. Unrestricted population has never gone on indefinitely, nor has population ever increased beyond the lowest nourishment capable of supporting it. The check to population from the lack of food is the ultimate check. The immediate checks to population are divided into positive and preventive checks. The positive checks, which act upon those already brought into the world, include disease, poverty, and war; the preventive checks, which act to prevent new lives from coming into the world, include abortion and infanticide, sterilization and segregation, restraint from intercourse, and the use of contraceptives. The positive checks, cutting down the duration of life, are more directly dependent upon pressure of population on subsistence, and the preventive checks depend upon the reasoning power of man to calculate distant consequences.

At the present time the checks to population are of great interest. War, one of the greatest checks to population, now

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operating to destroy or mutilate the most fit in the prime of life, leaving the unfit and the old to propagate life, demands a large population. Philanthropists, with the knowledge that an increasing amount of money is required each year for charitable purposes, are discussing the question. If the conception of the cause of misery among the poor was not wrong, why, with so much charity, should there be so much misery? Physicians are discussing the question in presidential addresses before medical societies. Medical men are braving the law in discussing the question in public. Even the law, by taking a more lenient view of the subject, shows its interest.

For the purposes of the ensuing discussion the terms are limited and restricted as follows: The term "rational use" is taken to mean a use taught by reason; a use based upon information and instruction which enables one to distinguish good from evil; by good is meant that which does no harm; that which is as useful as possible both individually and socially. The term "contraceptive"* is taken to mean any substance applied or used for the prevention of conception. The term "best" is taken to mean that which is held in the highest estimation for religious, moral, and scientific reasons. The term "preventive checks" is taken to mean those checks only which proceed from the will. The restatement of the question will, then, read: Based upon information and instruction, the use of any substance for the purpose of preventing conception, is the check to population, under the control of the will, which is to be held in highest estimation for religious, moral, and scientific reasons.

It is a self-evident fact that there are checks to population always operating. It must be admitted that the preventive or voluntary checks, which seek to prevent misery, are to be preferred to the positive checks, which are attended with misery. Marshall says in his "Principles of Economics" that a rapid increase in population, when already thick, will be checked by poverty, or some other cause of suffering, unless it is checked voluntarily.

We do not contend that lack of means of supporting life is the immediate reason for checking population by voluntary means. Any country is capable of sustaining a greater number of individuals, with a wider distribution of the wealth produced. The real antithesis is not beween population and food, but between population and wealth, or productive efficiency. Surplus of population can be moved from the crowded countries to new lands, food can be imported and paid for with the products of other activities. That no country has reached the limit of possible food production is evident. Not all possible land is used for agricultural purposes. The land now under cultivation might produce much more with more intensive processes. Much of the land now under cultivation is

* The Editor has recently introduced and prefers the terms "Prevenceptive" and "Prevenception."

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devoted to the production of luxuries. But these remedies for over-population cannot be efficient indefinitely.

The preventive checks are to be preferred to the positive checks because they are used to prevent conditions which would be brought about if nature were followed without restraint. Professor Taussig says in his "Principles of Economics" that a high birth-rate, a high death-rate, backward industrial conditions, and low wages go together. A limitation in numbers altho not a cause of high wages is a condition of the maintainance of high wages. It is clear then that restraint in the increase in numbers is one of the essential conditions of improvement. Crackenthrope, in his "Population and Progress," divides the stages thru which humanity passes into three stages, varying in desirability. The first stage, which is the least desirable, is the stage in which man struggles violently for existence with his fellow-man; it is the stage of natural selection in which population is apportioned to subsistence by violence. The second stage, or stage of assisted selection, which is the beginning of the struggle against natural selection, is more desirable than the first stage. The weak are helped by the strong, and the suffering from the struggle for existence is alleviated. The third stage is a reaction against the first two stages, and is most desirable. In this stage, most of the suffering in the first two stages is done away with. Before the present war we were well along in the second stage, and were fast entering upon the third stage. The present war has sent us back to the first stage, made the second stage inefficient, and the third stage almost impossible. It has set up as its goal the survival of the defective. As someone has said, war removes the chaff from the wheat, but it is the wheat which it destroys.

The preventive or voluntary checks to population may be grouped for convenience into four classes: 1. Abortion and infanticide; 2. Sterilization and segregation; 3. Suppression of the sexual instinct, included in abjuration of, and delayed marriage, and moral restraint in marriage; 4. The use of contraceptives.

This discussion will be limited to suppression of the sexual instinct and the use of contraceptives. The right (except in cases where there are medical reasons for abortion) of an infant or a fetus to life is granted. Infanticide and artificial abortion are criminal and should be punished. Sterilization and segregation are impossible except in cases of the criminal and the insane. Sexual abstention, and the use of contraceptives, which have as their aim the prevention of conception, are not crimes. Altho teaching the use of, or selling, contraceptives is at present a crime in the United States, the use of contraceptives is not. As it is prohibited by law, and as it is not necessary for the purpose of this discussion, there will be no mention of any particular contraceptive.

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There are four points involved in the question:

1. Where should the voluntary check to population be applied?

2. Can sexual suppression be applied to these cases?

3. Can the use of contraceptives be applied to these cases?

4. If one or both of these can be applied are the objections adequate?

It seems reasonable to believe that the check should be applied where children would be objectionable from any cause. There are some people who should have no children. Certain diseases are inherited from the parents. This heredity may be direct, the offspring showing the lesions of the disease at birth or soon after; or the heredity may be indirect, making the individual susceptible to special microorganisms (such a disease is tuberculosis); liable to perversion of the nervous system (such as insanity or alcoholism); or prone to degenerations (such as progressive muscular atrophy).

There are certain conditions in the mother which preclude pregnancy. Such conditions as tuberculosis and nephritis are made very dangerous to life by pregnancy. We believe Luther very wrong when he said: "If a woman become weary, or at last dead, from bearing, that matters not; let her only die from bearing."

Some parents are too poor to support a family. These parents, in differing from plants and animals who reproduce their kind and leave it to nature to kill them off, show that they are aware of their great responsibility. Parents should be unwilling to bring children into the world who would be a burden to society. I shall go still further and say that egoists of both sexes, and those who are unmarried, who seek to avoid children, should have none.

As a check to population applied to these cases, abjuration of marriage, and moral restraint in marriage cannot be applied. Suppression of the sexual instinct and sentiment is not normal, for it has its root in life itself. At puberty man has the natural tendency, common to all living beings, to produce his kind. This tendency in man is the normal sexual appetite, requiring satisfaction by cohabitation of two persons of the opposite sex. The sexual instinct is one of those complex groups of coordinated acts totally independent of previous experience, which is subject to variation and modification under the guidance of experience, but which is not subject to suppression. For, altho sexual intercourse may be restrained, the emotions which bring about the desire cannot be suppressed.

Suppression of the sexual desire is not like the suppression of the desire for alcohol. The use of alcohol is a detriment to life. Sexual desire is connected with the normal conditions of life, and is necessary for its continuation. Its suppression

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would encourage harmful irradiations of the sexual appetite. The ultimate result would be a transfer of the creative energy to other fields, possibly normal, but more probably abnormal.

It is not practical to suppress the sexual instinct in the masses. Ascetic opinions on sexual intercourse are only the dreams of enthusiasts. Altho it is very easy for those who are endowed with a supernormal will-power to be continent, it is not possible for the ordinary individual. For, at puberty, a powerful impulse arises in the nervous system which attracts the individual to the opposite sex. This impulse is present both in plants and animals, and normally accompanies puberty in man.

Those who would be most unlikely to suppress the sexual instinct would be most likely to propagate undesirable children. The Protestant world is unable to believe that celibacy among its ministers is possible or even desirable, altho the ecclesiastic is strengthened by his holy calling. It is essential, therefore, that any check to undesirable population should consider the happiness and joy, the virtue, and even the natural weakness of man.

It is not even desirable to suppress the sexual instinct in the masses. Continence, altho at first stimulating, if long continued causes a marked diminution of secretory activity in the generative glands, and a consequent diminution of the sexual desire. This is undesirable, for the sexual passion is necessary to human welfare. It leads to the happiness of both sexes, it softens and makes better the character, and it stimulates the individual to better his condition. Without the satisfaction from sexual intercourse, the insatiable desire of man for overpowering emotions would lead to satisfaction in undesirable ways. Life is not simply opening one's eyes in the morning and closing them at night. Unnecessarily cutting down man's sensations, his sentiments and desires, makes life itself far less desirable.

Altho it is not possible, practical, nor desirable to suppress the sexual instinct in order to restrain undesirable population, the use of contraceptives to this end offers no reasonable objections. The use of this method gives the least possible prejudice to the virtue and happiness of those people who should have no children. The longing of these people to satisfy their normal sexual desires in order to augment the sum of the happiness of their lives would not be interfered with.

The use of contraceptives would relieve society, and the parents, of the responsibilty of diseased children. It would save the lives of those women placed in danger by pregnancy. Those people who wanted no children would use this method because, without interfering with conjugal love, it would prevent conception.

The use of contraceptives should be applied to check undesirable population, for its use would remove or prevent

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certain evils. As no children would be conceived unless the mother was in proper physical condition, unless the parents were able and willing to support them, and unless the parents were married, the need for abortion would be greatly diminished.

Some of the causes of illicit intercourse would be removed. Those married men who indulge in illicit intercourse for fear of impregnating their wives would have this fear removed. Young men who delay marriage for fear of the expense of a family, finding themselves able to control a hitherto uncontrollable providence, would marry earlier. The fear of having children being removed would enable those people to marry who would otherwise not marry.

As illicit intercourse, which is the main cause, would be greatly diminished, the number of divorces would be greatly decreased. The results of a limited family would be the prevention of a lowered economic condition, more personal liberty for and preservation of the health of the wife, all tending to increase marital happiness and lessen the number of divorces.

The religious objections to the use of contraceptives are by no means adequate. The religious arguments advanced against the use of contraceptives, from their very nature and from a knowledge of human psychology, will have to be answered as nearly as possible by extracts from the Bible. The Bible does not sanction the saying of Luther that it is better to have been born an imbecile than not to have been born at all. Jesus, quoted by Matthew 26-24, says, "It had been good for that man if he had never been born," and quoted by Mark 14-21, "good were it for that man if he had never been born." The necessity "to multiply and replenish the earth" has passed. For, altho it may have been a wise saying in the days of Noah, conditions at present are different.

It does not seem right for the church to concern itself more with the means of regulating control of offspring than with the end. "The Catholic Church does not restrict voluntary limitation by suppression of the sexual instinct," says Father J. A. Ryan, Professor of Political Science in the Catholic University of America, writing in the March 4th, 1916, issue of *The Survey* (page 671), under the title, "The Catholic Church and Birth Restriction." It does not seem easy to argue that regulation of conception by the use of contraceptives differs essentially from prevention of conception by sexual suppression. The means of regulating control of births seems to raise a deeper ethical question than the end. Those who use no contraceptives are allowed a degrading gratification of their sexual desires. In other words we have been given means of obtaining unlimited pleasure, but payment must be made if we accept it. Those who are naturally barren could also enjoy unlimited sexual intercourse.

If the teachings of the Bible and the Church are against

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the use of contraceptives, those whose actions are guided by the Bible and the Church could refrain from their use. But is it because they are practising celibacy or asceticism that these objectors have not good old-fashioned families? Religious conviction and private practice are peculiar in their relation to the use of contraceptives.

The moral objections are even more inadequate than the religious objections. Nothing is immoral in itself. It is the circumstances under which a thing is used, the use to which a thing is put, that makes it immoral.

The use of contraceptives would not lead to unchastity among unmarried women. The fear of consequences does not keep our women safe. It is an insult to our women to say that their virtue depends upon the fear of consequences. An intact hymen is not a sign of purity. Chastity depends upon environment and hereditary influences, upon the customs of the country, and upon the general monogamous tendency in women. Environment and hereditary influences have first place in their effect upon virtue. If the use of contraceptives had any effect upon the chastity of women, a new system would come into effect which would have to recognize that neither the law nor public opinion should concern themselves with the private relations between man and woman, except where children are concerned.

The use of contraceptives would not lead to excess in married life. We do not abstain from moral crimes from fear of the consequences. Those few who are restrained by such fear will resort to immoral and harmful methods of preventing an increase in the family. When men learn that sexual excess is harmful they will abstain for the same reason that they abstain from overeating or from alcohol.

Prevention of conception by the use of contraceptives would not lead to divorce. Voluntary limitation is less likely to be a cause of divorce than the inability to conceive. Altho children are an added bond in marriage, it is seldom that childlessness is given as a cause of divorce. If it was a cause it would still be a question whether divorce in these cases is an unmitigated evil.

There are a number of objections to the use of contraceptives which may be classed as scientific objections because they are based upon truth for its own sake. These objections, however, are inadequate, because the knowledge upon which they are based is not correctly interpreted. The leading objection under this head is the fear of race suicide. In advocating the use of contraceptives childlessness is not considered a virtue. Healthy married people capable of supporting children who refuse to do so are few, and are deficient in human sensibilities. Families with a knowledge of contraceptives are not childless, nor are the countries in which the use of contra-

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ceptives is legal, dying out. Except France and England, everyone of these countries is increasing at a faster rate than before the use of contraceptives was legal, for altho the birth-rate has fallen fast, the death-rate has fallen faster. Even France and England had, before the war, a slightly increasing population. James A. Rigby, M.D., in the February 1914 issue of the *Nineteenth Century* (page 434), quoting the address of Sir Athelstane Baines, President of the Royal Statistical Society, made in November, 1913, says, "The decreasing fecundity in Great Britain has been relatively greater than in France. In spite of this, however, the rate of natural increase has slightly risen, because the death-rate has everywhere fallen relatively faster than the rate of births." The war will force down the birth-rate, in spite of the births of illegitimate children, faster than the very widest use of contraceptives has done, while increasing the death-rate almost beyond belief. Race suicide is not determined by the number of births alone, but by the ratio between the births and deaths. A decreased birth-rate with a decreased death-rate means an increased, or at least a stationary, population.

It is not desirable to have an unlimited increase in numbers. The countries with large populations are no happier then those with much smaller populations. It is not necessarily true that the nation with a vast supply of births over deaths is a good and progressive nation.

That the use of contraceptives is against nature is a poor objection. We have successfully interfered with the selective death-rate which nature employed against the unfit, and the prevention of conception by the use of contraceptives would only be an attempt to establish a selective birth-rate. But if the use of contraceptives is against nature, and that which is against nature is wrong, then man's encroachment upon the forests and the adaptation of plants and animals to man's use is wrong.

The one-child family is not advocated, nor would the number of one-child families be increased by a general use of contraceptives. A mother who is willing to have one child is self-sacrificing enough to have more. It is not the intention of advocates of the use of contraceptives to limit a family to a certain number of children.

It must be admitted that the use of contraceptives is based upon scientific knowledge. Their use in England, France, and Germany have proved harmless. The harmful results reported, such as cancer and nervousness, follow the use of unscientific means of preventing conception. There will be no harmful results when people have a general knowledge of contraceptives.

Sterility does not follow the use of contraceptives, for, often, the single omission of their use results in pregnancy.

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Their use produces no changes in the female or male organs.

Contraceptives are a certain means of preventing conception; altho the same method may not answer for everybody, there is always a certain method for everyone. Statistics of the birth-rate before and after the sale of contraceptives was legalized prove this. Much of the uncertainty is due to their clandestine use.

Since the births of certain children should be prevented; and since it is granted that abortion and infanticide, and sterilization and segregation, are not good methods; and sexual suppression would not and should not be used to prevent these births; and since the use of contraceptives for the prevention of conception is a sign of high morality and of high responsibility: therefore the use of contraceptives for the prevention of conception is the best preventive check to population.

Contributed to THE CRITIC AND GUIDE.

ACUTE GASTRITIS.

BY GEO. F. BUTLER, A.M., M.D.

The treatment of acute gastritis consists first in removing all irritants from the stomach, and secondly in soothing the inflamed organ. The stomach naturally tends to eject any irritating substance present in its cavity, but after the main portion of its contents has been ejected by vomiting, small quantities of exceedingly bitter bile mixed with mucus may remain and give rise to constant nausea and retching. In order to remove this it is advisable to wash out the stomach, or to administer several tumblersful of lukewarm water, and after this has been vomited to repeat the process several times. Thus all irritant substances are washed out of the stomach, after which the vomiting will often cease. Occasionally the first two or three tumblersful of water will so dilute the contents of the stomach that the irritation is no longer strong enough to produce vomiting. In such a case it is better to tickle the fauces with a feather, so that the water may be vomited and the stomach cleansed.

Personally, I think it is a very much better treatment to wash out the stomach by means of a gastric siphon or stomach tube. But unless the patient is accustomed to the use of this instrument the plan of swallowing tepid water will be more grateful. In mild cases this treatment is all that is required, and after a few hours' rest the stomach is all right again, but for at least a day afterwards the diet should be very light, consisting chiefly of milk and farinaceous foods.

When the attack is more severe and the catarrh has affected the bowels also, as shown by a tendency to diarrhea and pain not confined to the gastric region, but extending over the abdomen, half an ounce of castor oil with eight or ten minims of tincture of opium should be given, so as to clear out any irritant from the intestines. If after the oil has acted, the pain, nausea or vomiting still persist, or if there be any yellowness of the conjunctiva, calomel, podophyllin and bile salts in tablet form should

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be given every half to one hour until four or five have been taken, this followed by a saline laxative.

The best food is simply milk diluted with one-fourth to one-half its volume of soda water, unless the bowels are loose, when lime water should be substituted. This diluted nourishment may be given in quantities of five or six ounces every two hours, but should it be rejected by the stomach, it is well to let the patient take nothing but a little ice water and small pieces of ice, until the acute irritation has subsided.

If there be any fear of failure of strength, the nutrition may be maintained by nutritive suppositories, or nutritive enemas. After the irritant matters have been evacuated from the stomach, one of the best sedatives is bismuth, which may be advantageously given according to the following formula: Bismuth carbonate, sodium bicarbonate, of each ten grains; spirit of chloroform ten minims; peppermint water or cinnamon water one ounce: given in one dose. If there be much pain, morphine, codeine, or the deodorized tincture of opium may be added to each dose: and if the vomiting be severe five minims of hydrocyanic acid diluted may be added, either with or without the opiates as the case seems to demand. Should the bowels be loose, the intestinal antiseptics (sulphocarbolates) should be given with the bismuth mixture after each loose motion. Counterirritation to the epigastrium by a mustard poultice, or a spice poultice, tends to relieve both pain and vomiting, and a full warm bath is often very soothing and useful, both in the case of children and of adults.

One of the chief indications, as I have said, in the treatment of acute gastritis, is to empty the stomach and allow the stomach to rest. Moreover the patient should have complete rest in bed. Often there remains gastric irritation and febrile disturbance which require attention, and which usually yield to the administration of small doses of morphine and the application of poultices to the epigastrium. If the febrile movement is active, and attended with malaise and headache, small doses of phenacetin together with hydrotherapeutic treatment should be employed. Often patients are allowed to eat too soon. Food should be forbidden until the patient craves it and then it should be given in small quantities and be of the blandest kind.

We are frequently called upon to treat chronic or acute gastritis unaccompanied by fever. The same careful attention should be given to this disorder, for if of less immediate severity it is quite likely to continue as a chronic gastric catarrh, or to invite the occurrence of some of the functional gastric disorders that may have been awaiting opportunity.

The treatment as regards elimination and rest should be instituted just as in other forms of acute gastritis. If the symptoms continue, however, for a considerable length of time strict search should be made for something besides a transient accidental cause for the condition. Often in these forms of acute gastritis, we find some disease of the kidneys, or of the intestines,

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or of the liver, or in some cases marked anemia or some nervous disorder. The cause, of course, should be removed if possible.

We have another form of acute gastritis, accompanying acute infectious diseases, such as scarlet fever, smallpox, measles, etc. If the morbid anatomy or clinical history resemble those of other forms of acute gastritis, it is sometimes the most dangerous expression of the determining affection, altho doubtless some of the symptoms are the result of the toxemia operating on the nervous system.

So far as compatible with the management of the specific disease, the stomach symptoms should be treated as when dealing with simple gastritis. Great prostration demands stimulants, altho alcohol as a rule is contraindicated in these gastric disorders. A great deal depends in these cases on the proper diet. An abundance of fluid is demanded when the trouble is some acute disease, in order to keep the patient nourished. On the other hand there exists an inability to digest foods. In such a case it is wise not to give food. There is a greater tendency to over-feed than to under-feed fever patients of all kinds. To rest the stomach intermittently is a good practice and this recourse should not be postponed until the symptoms are so aggravated that prolonged rectal alimentation is required.

Acute gastritis may result from the ingestion of corrosive liquids, or scalding water or something of that kind, inflaming the superficial mucosa. The character of the inflammation is influenced not only by the amount but also by the character of the irritant, hence the conditions succeeding the introduction of pure alcohol differs from that resulting from acids, alkalies, arsenic, phosphorus, etc. The difference in the condition calls for a difference in treatment. In all cases it is necessary to empty the stomach immediately, and when there is not too much damage to the pharynx and esophagus, it is better to introduce a soft stomach tube than to depend upon an emetic. There are exceptions to this rule, as for instance when the poison is taken immediately after the meal. As the stomach tube is unsuccessful at such a time, an emetic generally succeeds best when the stomach is full, and the stomach tube when the viscus is relatively free from solid matter. To secure free emesis it is best to employ a full dose of apomorphine hypodermically, and to assist its action by a large draught of warm water. No delay in emptying the stomach should be permitted, and if the emetic is not prompt in its action the mere introduction of the stomach tube will probably excite vomiting. While preparing to empty the stomach, some form of alkali, like magnesium carbonate, should be cautiously administered after the introduction of acids and escharotics, while vinegar, lemon juice and acid wine may be given when alkalies have been swallowed. The demulcents are always of use, and large quantities of albumin should be taken after the swallowing of corrosives of any kind.

The subsequent behavior of cases is so variable that no

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single line of treatment can be directed. When shock exists, nourishment and alcohol should be given per rectum, and morphine under the skin, while heat and friction should be applied generally, except over the epigastrium. Bismuth in an infusion of poppy seed or some similar demulcent may be administered frequently if it affords relief. The same may be said of shaved ice. In other respects the stomach should be permitted to enjoy absolute rest. Days and even weeks may elapse before food can be safely permitted. The return of appetite is usually the best guide. In dealing with inebriates we have to deal with a form of gastritis partly due to local irritation and partly due to constitutional causes. When such excesses have been frequent, the stomach becomes thickened, its walls infiltrated with round cells; there is suppression of the normal secretion, and there is a large discharge of mucus, sometimes with hemorrhage. In association with these there are likely to occur the well known phenomena of chronic alcoholism, including profound nervous phenomena. Such cases are very serious and undoubtedly death often occurs as the direct result of the stomach condition. They are best treated by the methods already described, together with such other measures as the general condition may demand.

In the afebrile gastritis of the inebriates one has to deal with a milder affection that usually subsides under the use of calomel and saline laxatives, together with the complete withdrawal of alcohol, perfect rest of the stomach and rectal alimentation and medication. Generally, large doses of chloral thus administered will be necessary and will affect the gastric symptoms as favorably as they do the other symptoms.

In the morning vomiting of drunkards, there occurs the ejection of quantities of mucus and of alkaline fluids, after which the victim is enabled to retain his morning dram and subsequently a small amount of food. In such cases it is necessary to prohibit the use of alcohol abruptly and this usually serves to relieve the gastric symptoms at once.

Benefit appears to follow the administration of drop doses of Fowler's solution. Good effects sometimes follow the use of a few drops of the tincture of capsicum, or small granules of capsicin, quassin, or quinine is often of value. Nearly all such cases are improved by taking some time before breakfast a large dose of saline laxative, and oftentimes one-half to one teaspoonful of sodium bicarbonate can be added to this with great advantage.

Very often the condition of digestion in the morning will be benefited by regularly administering at night a mixture of one part of ammonium chloride, three parts of sodium bromide and twelve parts of magnesium sulphate. But after all the best cure for drunkard's stomach is abstinence from alcohol and when this cannot be brought about permanently, even a temporary stay of proceedings is of great value.

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THE CHILD'S BREATHING.

BY L. E. EUBANKS.

Breathing is the vital act of physical life. We may live without food several weeks and do without water for days, but to be deprived of air for a matter of minutes means death.

Parents, guardians, teachers—all who are entrusted with the care of children—should know something of respiration, the more the better. Merely to ascertain that air enters the lungs and is expelled, to observe that the youngster does not turn black from asphyxia or explode from over-inflation—this is not sufficient. Improper breathing is the cause of so many juvenile disorders that every parent should feel duty-bound to know that his dependents are normal in this respect. It is impossible to imagine any matter upon which ignorance could be more dangerous than on this—even culpable; parents have no right deliberately to beget children without first informing themselves on the rudiments of anatomy, physiology and hygiene. And misconceptions may be even more harmful than complete ignorance. It is a common belief that the chest expands as a result of inhaling air; many people live healthily in spite of this idea; but the woman who, because of it, told her children to breathe very carefully for fear of straining the lungs, certainly needed real information.

The breathing muscles act automatically; they enlarge the thorax by raising the ribs and air rushes in as a *result*—to fill a vacuum. Experiments with artificial inflation have shown that human lungs will contain a far greater volume of air than any of us have the strength to breathe. Consequently, a person cannot strain his lungs by a deep breath. He may, however, strain the breathing muscles, which of course is inadvisable.

Another popular mistake that should be corrected has to do with exhalation. A great many people who appreciate the value of proper breathing, respiratory gymnastics, etc., concern themselves almost exclusively with inhalation. Now in a way, exhalation is the more important; a deep inhalation is bound to follow a thoro exhalation, whereas the reverse is not true. Incomplete exhalation is one of the causes of that disease called emphysema, chronic inflation of the lung tissue. Literally to empty the lungs is impossible, just as it is impossible for us entirely to fill them. There is a certain amount of residual air that we cannot expel; but in training the lungs we should give just as much time and thought to exhaling as to inhaling.

Diaphragmatic breathing is the natural method of respiration during repose. To those who have given the subject little or no thought it may be well to explain in a few words that we breathe in two ways. The diaphragm is a muscular partition between the lungs and the abdominal organs, or as it has been called, the floor of the chest. When the ribs are raised and the

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diaphragm held comparatively inactive we are employing the chest, or costal, method; when the ribs remain stationary and the vacuum in the chest is created by lowering the "floor," we are breathing diaphragmatically.

I have said that the latter is the correct method when we are at *rest*. It is a fact that only about half as much air can be inhaled by the diaphragmatic method as by our utmost "mixed" effort, and since it is desirable to breathe all the oxygen possible during exertion, that the blood may be rapidly purified, we very naturally employ a mixed—principally chest—type of breathing when we exercise vigorously.

To condemn diaphragmatic breathing because of its "limits," as some people have done, is but another proof of ignorance. As a matter of fact, more oxygen is extracted from a given volume of air when inhaled diaphragmatically than when taken by the chest method. And there is a valuable economy of muscular energy, since to raise the ribs requires action of some large and powerful muscles.

But the most important difference between the two methods of breathing lies in the effect of the diaphragm's movement on the organs *below* it. At each descent it gives to the stomach, liver, etc., a gentle massage that is highly beneficial. Deprivation of this action has been shown by experiment to be decidedly harmful; whereas to liven up and strengthen a lethargic diaphragm invariably benefits sufferers from torpid liver, constipation and kindred ailments.

It is a common statement that children breathe naturally; that is, diaphragmatically. *Babies* do. Watch a babe lying on its back, or most any animal when at rest, and you can see by the movements of the abdomen and the comparative inactivity of the chest walls that the diaphragm is doing practically all the work. But many, many children lose the habit of correct inhalation before they reach their 'teens. That the majority lose it before maturity can be proved by even superficial examination among adults.

The causes are incorrect carriage, humped position when sitting, restriction of the waist by tight belts, corsets, or any other article of clothing that binds this important part of the body, and lack of vigorous exercise.

Parents can do a great deal by insisting on erect carriage, and teachers should cooperate with mothers in seeing that the children cultivate a straight spine in sitting. A curved trunk is bound to cramp the diaphragm and weaken its action. The harm is done almost before one knows it; prevention should be the aim.

Children should not wear tight bands of any kind, but if this is permitted it becomes all the more important to exercise the cramped muscles when they are liberated. A mother whose growing daughter wears a corset a part of each day should feel

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duty-bound to enforce regular attention to diaphragmatic breathing. Right at present when suspenders seem about to be relegated, many lads (and men) are suffering from a form of "lacing" similar to that which they deprecate in their sisters.

There is no mystery in diaphragmatic breathing. Standing erect with the fingers spread on the chest walls, any one can determine his method of respiration. If when you take an average breath your ribs rise under your fingers the breath is at least partially chest inhalation. If the ribs remain stationary (tho the lower ones usually move a little) and the abdomen expands, with the inhalation of air, you are breathing with the "chest floor."

In many cases the diaphragm is so weak from abuse or neglect that the child cannot contract it voluntarily, cannot breathe with it to much effect. Have the child lie on his back; this is the most favorable position for the diaphragm's contraction. With particularly weak diaphragms it sometimes is a good plan to raise the head and shoulders by degrees, from week to week, finally coming to the standing position.

Without entering deeply into psychology, the parent or teacher can impress the child with the importance of keeping the mind on the work when practicing. The prime object is to make the *habitual* breath deeper, and the only way to do this is thru lasting suggestion to the sub-conscious mind. Pumping air in and out of the lungs for five or ten minutes as a daily exercise is good, but it amounts to little compared to the immeasurable benefit to be derived from inhaling just a little more than formerly with *each* breath—for twenty-four hours a day!

Vigorous exercises which so tax the breathing capacity as to employ all the child's breathing resources will strengthen the diaphragm; but this measure must be used discreetly lest frail youngsters overdo. Tennis and basket-ball will force a girl to breathe "every old way," and wrestling and football will do the same for boys.

For the weaker children, walking in an easy, erect position combined with deep breathing practice is very fine. A little practice soon develops the habit; timing the inhalation and the exhalation to so many steps, establishes a very salutary association between the ideas of walking and deep breathing. The habit once formed may easily stick to a person thru life and is of incalculable value.

See that the child breathes thru the nose; Nature made no mistake in providing the nostrils for that purpose. Air taken thru the nose enters the bronchi at several degrees higher temperature than when inhaled thru the mouth, and under certain conditions this is of vital importance. Further, the air is cleansed by the screen arrangement in the nose. Still further, exhalation is slower when the nose is used, and I have explained that sudden and incomplete exhalations are detrimental.

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THE EVOLUTION OF THE BED.

BY EDWIN F. BOWERS, M.D.

The first bed was a pile of leaves gathered under the protecting shelter of a ledge, or scooped into a corner of a cave. The intent was the same as applies to the most elaborate and perfect resting place—favoring relaxation while leaving the circulation of the body unimpeded.

It is obvious that when the weight of the body presses upon an unyielding surface, the circulation of the blood thru the parts squeezed against the hard surface is checked. Nutrition is interfered with. Recuperation from fatigue is not so perfect.

As foreheads became less oblique man became more and more adept in providing for growing wants. As life and activities evoluted from simple to complex so skill in providing for these grew.

So next we see man using the skins of beasts he had killed to bed down upon. From this he gradually evolved a frame work interlaced with thongs, upon which the skins were spread. Then by degrees the evolution progressed up to the development of those ornate and extravagant sleeping places of the emperors who infested Rome shortly before the fall of the Roman Empire. The framework of some of these beds or couches was of solid silver, or even of gold, wonderfully carved, and richly ornamented with jewels and semi-precious stones.

The luxury and magnificence of sleeping appointments, however, culminated among the Egyptians. Cleopatra struck 13 in this effort, with her marvelously beautiful silver and ivory couch. On the footposts of this luxurious bed were two beautiful Cupids, three feet in height, aiming their golden arrows at the sleeper. The richness of the silken draperies and pillows upholstering and decorating the couch furnished the theme for more than a few poetical effusions.

Homer was the first to describe a bed as a piece of furniture to sleep on. He tells about the bed Ulysses made in his own house. There is also another ancient reference to beds in the Book of Esther.

The Biblical reference, however, is probably only to the coarse stuffed pillows or cushions, thrown or piled in out-of-the-way corners of the room—used for seats by day and for beds by night, in true Oriental fashion.

In the fullness of time movable beds made of wood, copper and the more precious metals were invented to meet man's expanding wants. Then came the couch chest—a shallow chest filled with dry moss, reeds, feathers, wool or hair, and covered with skins—a crude bedding arrangement which subsequently developed into the mattress. The couch chest eventually grew into the bedstead—built into the room like a steamship berth —only wider and more comfortable.

Early in the twelfth century high-post, canopy-top bedsteads came into fashion. These were usually movable and hung with embroidered curtains so arranged, that if, by chance, any fresh

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air ever got into these fetid sleeping chambers, the curtains would automatically intercept it before it got near the sleeper. No wonder our ancestors in the good old times, got full of grace and died young. If they hadn't been very tough and resistent they would have died even younger.

The wealthy nobles of these unhappy times had a very high appreciation of the artistic. But they didn't know much about the hygienic value of a bath. Nor did they know anything about the disease-carrying power of bed-bugs, lice, fleas or ticks. They knew that these were most uncomfortable sharers of a bed. But they hadn't sense enough to kill them off. For when the attention of their insect boarders became unendurable the nobles and those who had other houses to move into, packed up their toothbrush and extra suit of armor and went to another of their estates to live. They left the old house to "sweeten"—as they called the process of starving out the insect invaders. The poor grinned and bore it as best they might—the while they prayed for Winter.

Certain peoples have believed—perhaps for the same reason that some travelers always prefer to sleep in an upper berth—that if one has to climb into bed by the aid of a ladder they get better air.

The Egyptians, Assyrians, and many other ancient races had high bedsteads, into which they climbed to roost by the aid of steps of a short ladder. They had bolsters or pillows, designed to prevent them from falling out and messing themselves up generally.

Their head-rests were semi-cylindrical, and were often made of stone, wood or metal. It is difficult to understand why they should choose these uncomfortable substances as pillows. They had no need—as had the Japanese, who used a wooden block under their neck to preserve their elaborate coiffure—for these foolish head-rests.

Iron beds first appeared in the eighteenth century in response to a limited demand for a piece of sleeping equipment less favorable for the harboring of noxious insects. It was one of the truly great and helpful innovations that human beings evolve ever so often.

But, until sanitation became a science, and hygiene a household word, the adoption of the metal bed didn't proceed very fast. In fact, most of us, not much worse than middle age, remember when there was nothing but wooden beds to be had. They fitted together with ramshackle sockets, and were as full of cracks as an egg is of meat.

These began to "improve" until the rash finally broke out in the folding bed. That spelled their death knell in most refined homes. Never since that distant day has any bed made of wood and slats, and myriads of cracks and crannies, ever darkened the doors of these homes. Nor it never will.

Among a few families the boggy feather bed-collector of generations of germs, saturator of the emissions of decades of dead and gone ancestors still holds a place. But this hold is rapidly pried loose. And soon the old feather bed of song and story will be as extinct as the dodo.

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There is only one bed that is absolutely sanitary, safe and sane. This is a well-constructed bed of metal, tight and rigid in the joints, with a spring that retains its plane surface, and a firm yet flexible mattress, devoid of humps, hollows and uneven surfaces.

This is the ideal bed—a bed more sleep-engendering and rest-bringing than any emperor of antiquity ever slept in.

If everybody in the world had such a bed all to himself—for a *separate bed for each sleeper* is as indispensable in the home as it is in the hospital, the barracks, or on shipboard—diseases communicable by contact would be largely prevented; sleep would be more recuperative, because less disturbed; and the sum total of happiness and health among humans would be marvelously increased.

A HUMAN DOCUMENT.

My dear Doctor Robinson,

I am writing primarily to thank you insofar as words can, for "THE CRITIC AND GUIDE." Never in his life, is a man ever so ignorant as a woman usually is, and usually remains to the end of the chapter, unless bitter experience opens her eyes. I think that is because most men like innocent women, and in days gone by, men have raised most of the standards by which women live. We had to let them, heretofore, because we were economically dependent on them, and one doesn't quarrel with one's bread and butter. Also, most men's idea of an innocent woman is an ignorant woman, and there in the word "ignorance" is the reason for most of the woe of the world.—Henceforth, women are not going to be dependents and therefore ignorant, particularly in sex matters, but they *are* going to be themselves, and teach their children to be, properly, decently, and self-respectingly innocent.

Nearly twenty years ago I was very innocent and very ignorant, and in blissful ignorance of everything a girl should know, absolutely everything—(why, I supposed sexual intercourse was a matter of personal taste, indulged in occasionally because men liked it—women never—it wasn't, of course, *nice* to even think one might care for it—but that it was a human function, dictated by and necessity for evenly balanced physical health, I never dreamed!) I married a man ten years older than myself—a well-dressed, smooth-speaking, woman-loving rake, but human, and really awfully in love, which made it worse: needless to say, we've been separated for years, and I have spent seventeen years paying for my husband's indiscretions. Everything I have suffered physically has been as nothing compared to my mental state—what in my youth I would have called "my broken heart." It is not easy for a nineteen-year-old girl to sleep and dream that Life is Beauty—and to wake and find it all dead sea fruit. It's stark tragedy. And all of that misery I need not have suffered if I had known Life as it is—not as *Romance,* but as *Reality.* And not until a physician under whose care I was some years ago, brought me a copy of THE CRITIC AND GUIDE and I

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subscribed for it, did I begin to see matters of sex as they are—did I begin to clarify my judgment—to begin to see that my husband was not all to blame—that I myself was not altogether blameless—and more than all, that I am not the only social martyr: that helps much. There is comfort, as well as safety, in numbers. And there is much comfort and much hope in knowing that you have set your hand to the plough to uproot this ignorance and that your efforts are meeting with encouragement and success. Let nothing discourage you, Doctor. Just to have done for me what you have is something—don't you think so? —and I feel certain I am only one of many.

I hand around my copies, especially the one containing your article on "Our Sexual Misery" until they are dog-eared and dirty—the more so the better, as I know then they are read. I also know they are appreciated, as many of my friends have subscribed.

Just one thing more, and I'll trouble your patience no longer. Why have you never said anything in your magazine about the abuse by physicians of office etiquette toward women? It is fallacy to say a woman is always treated as her conduct indicates she cares to be treated, neither do I believe all men are beasts and should be treated accordingly. However, it is hard to understand why doctors of prominence and who are also gentlemen, put themselves at the mercy of a woman's tongue, because when all is said and done, women as well as men boast of their conquests. Women are so vain, Doctor.

Sincerely yours, _____ A. B. C.

WE ARE GENTLY CHIDED.

Dear Doctor Robinson:

Ever since the war "broke out" you have been "sick." Every number of THE CRITIC AND GUIDE has been proof of this. The number that you got out during and following your vacation trip to Hawaii only emphasized the fact! No perfectly healthy man would write stuff like that.

And every number bears the mark of soul sickness. I recognize the symptoms because I have had all of them myself. I have some of them yet—but I'm a lot *clearer* than I was and can now see some of my mistakes. Why should you—and I—grieve ourselves to death because men are doing the things that have been done during the past four years—or the past four million years? Our mistake is in expecting perfection of the race now, when it can't possibly advance to a decent condition short of several thousand years more.

True—many people are well along the "Path" now; but the "beast still growls" in most of us and it's foolish to look for wisdom, beauty and justice in those who are just beginning to see Light and climb toward it.

We didn't make man what he is and so long as we didn't why not let whatever did make the blunder attend to rectifying it?

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Finally—may it not be possible that marvellous good to the race as a whole is to come out of the war? I am something of a biologist and a follower of David Starr Jordan. At first I considered war an unmitigated evil, but now I begin to see that good is already one of its products. For one thing—and of this I am positive—the war is to work an industrial revolution in this country. And as a socialist that means a lot to me.

So I am beginning to be philosophical again—and *healthy* and as happy as possible. I didn't make man—or the war—and can't reform one or stop the other. It must be the part of some plan that apparent evil does and must exist. But I am just as firmly convinced (now) that *the outcome must be good.*

I couldn't have given you all this free advice a month ago. At that time I was about ready to jump into the bay or blow off my head. In fact I contemplated the act so often and so long that it ceased to be interesting—or possible. I had just sense enough left to drop business and everything else and go out into the country. At present I am working for $60.00 and board from daylight to dark—when I used to sit in a swivel chair for about five hours a day and draw many times that. I find that the hard, physical work does things for me that philosophy, theology and drugs could not accomplish.

And so, judging by my own experience and your symptoms, I would say that you need a change. And principally a change of idea. If you concentrate much longer on the idea that the whole world—except yourself—has gone to hell—you'll find to your surprise and disgust that you are very much in the brimstone yourself.

If you haven't tried it lately go to reading Emerson, Whitman, Ingersoll, Tom Paine, Elbert Hubbard, Epictetus, Marcus Aurelius, etc., etc. Don't pay too much attention to the daily papers, but get your war news out of the Literary Digest or some monthly.

And remember this, my older and wiser friend: each of us must live his own life—and take care of his own life. When I work, wear and worry myself to death my widow will marry some guy who took care of himself sufficiently—and the nice things on my tombstone will be damned poor consolation—if I can look back on this so-called "vale of tears." And even worse than being dead and decently buried is being sick and broken up in a world that lacks understanding and charity.

So—take care of *yourself* and let the Supreme Being—whatever it may be—run the universe. No doubt you and I could have planned it better or managed it more efficiently—but we weren't given the chance and now the Union won't let us break in!

Do you remember the last (reputed) words of a man who was born much too soon? "Father, forgive them; they know not what they do." And the same beast is still growling—but with signs of a change.

With best wishes, Sincerely yours, S. F.

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Medical and Therapeutic Items

A Piece of Steel in the Brain Eighteen Years.

BY S. H. MCLEAN, M. D., F.A.C.S., JACKSON, MISS.

October 27, 1915, Miss W. came to see me, accompanied by her mother, with the following history:

When five years of age she was preparing to attend an entertainment in the neighborhood, and on getting into the vehicle she switched the horse's tail, and in return received a kick in the head, causing a depressed fracture. They sent for a physician twelve miles away, and he arrived near midnight; took the child into the kitchen, and with all the coal oil lights available began to attempt to raise the skull. The mother remarked to the doctor, "You have broken off your knife," to which he replied,"Yes, but it must have fallen on the floor." But it was never found. After a rather stormy recovery of about six weeks, the child was able to be about and gradually regained her normal health, but with a considerable depression in the skull at the edge of the hair. This happened when she was five years old and gave no trouble until she was twenty-three years old, or eighteen years afterward, when she began to have a few headaches and a little tenderness over the depressed area and slight twitching in the foot and leg, which grew rapidly worse in the next few months. She is a school teacher and said she would have to give up her occupation unless something could be done, as she could not keep her foot still in the school room, and it lessened her capacity as a teacher, as it attracted the attention of the pupils. Her mother said we have always believed there was knife blade in her brain. I paid very little attention to this, but told her I thought the twitching was due to the depressed bone pressing upon the brain, resulting from the injury, and perhaps removing the bone would relieve the condition.

I operated the following day over the center of the depression, removing with a trepan a button a little less than the size of a half dollar, turning so as to place the scar of the incision in the hair. On removing the bone, the mother standing by the side of the daughter, said "There it is," which greatly surprised me. Instead of a knife blade, it was a blade of a large pair of forceps, two and a half inches in length, lying between the dura and skull. It may have been polished at the time of entrance, but it now was like a piece of steel with no polish.

She left the Baptist Hospital on the eighth day free from any twitching or pain. This was in October, 1915. I saw her a short time ago,—now a little over two years since operation,—and found her in perfect health and carrying on her vocation as usual.

I am reporting this merely as a curiosity,— a piece of steel

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remaining in contact with the brain for eighteen years and giving no trouble until a few months prior to operation.—*So. Med. Jour.*

Acidosis with Diarrhea.

Sodium bicarbonate may be given intravenously to an infant suffering from acidosis with diarrhea. Use a 4 per cent. solution, injecting from 75 to 150 c.c., repeating in three hours if needed. (*Med. Standard.*)

Paraffin and Bismuth for Gastric Ulcer.

Dr. L. J. Picton (*Brit. Med. Jour.*, Nov. 10, 1917) reports that he has found a mixture of bismuth subnitrate and liquid paraffin of use in the treatment of gastric ulcer. The bismuth salt may be rubbed up with ordinary liquid paraffin to form a smooth cream. It is taken thus without producing much nausea, and with increasing tolerance. The liquid paraffin is a good vehicle for bismuth, undoing its constipating effect. The patient is more comfortable and less flatulent than when taking bismuth alone.

Treatment of Ringworms.

Dr. H. V. Hailman writes (*Therapeutic Gazette*): In treating twenty-one cases of ringworm in the past twelve months—having for their location the scalp and feet, one case each; face, five cases; neck, four cases, one of which affected one ear; and ten cases affecting the hands and wrists—complete recovery was secured within from three to seven days by applying once daily the undiluted tincture iodine, U. S. P. (Eighth Revision). In not one case was the treatment followed by dermatitis. In every case the iodine was applied freely, after which the patient was admonished to see to it that no clothing came in contact with the painted surface; this to prevent irritation. There were no dressings applied.

Treatment of Paralysis Agitans with Parathyroid Gland.

Dr. Berkeley (*Med. Rec.*) is of the opinion that parathyroid gland is not a "cure" for paralysis agitans, but that 60 to 70 per cent. of the sufferers from this disease who have given the remedy a fair trial for from 3 to 6 months have been greatly benefited; the progress of the disease has been arrested, or materially retarded. Berkeley believes that paralysis agitans is caused by a deficiency of the parathyroid glands, and that further study of the complicated chemical processes involved will make it ultimately possible to cure the disease with parathyroid.

Sterilization of Woman.

Dr. Heineberg (*N. Y. M. J.*, July 15, 1916), maintains that there is no method of tubal sterilization which affords absolute security against conception, and that simple ligation of Fallopian

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tubes with either single or double ligatures has been followed by the largest number of reported failures. He found that excision of a wedge-shaped section from each cornu of the uterus, followed by careful closure of the opening with musculomuscular and seroserous sutures, yielded better results than any other method. Dr. Heineberg declares that in the light of our present knowledge it is unwise to advocate any other method than cornual resection.

Treatment of Tuberculosis.

Dr. Will Howard Swan (*Northwest Medicine,* December, 1917) contends that the treatment of tuberculosis should be made a matter of personal study and treatment of the individual. The writer insists that detailed histories be taken by the physician *personally* because of the confidence of the patient thus gained. As to food one must see that the digestion is equal to the demands made on it. A well balanced ration is needed the same as for a healthy person. If "stuffing" is needed, it should be done intentionally—four or five times a week. Occasionally a day of partial fasting, or a few days of diet limited to liquids, is advisable. It has been observed that hydrochloric acid not only aids the digestion but often seems to be otherwise of benefit. Attention to the elimination thru the bowels, kidneys, and skin is of importance. Fresh air and lots of it is necessary—that means actual living out of doors twenty or more hours each day. The proper adjustment of rest and exercise is an essential feature in treatment. Harm is occasionally done by too long and too complete rest, but early in the illness the reverse is likely to be true. However, as further progress toward health is made, proper exercise and mental occupation become the most important things to be considered. The value of sun baths has been demonstrated, but great care should be taken that the thing is not overdone. There are no drugs which have any specific effect on the disease. Tuberculin may be an aid in some selected cases, but it should be given in minute doses, increased very slowly and under competent observation. Of special symptoms cough is the most prominent. The writer suggests that the patient should be taught to cough at the end of the expiration instead of at the end of deep inspiration, as one naturally does. When cough is severe it should be temporarily controlled by sedatives till more curative measures can give relief.

The Hot Mustard Bath in Infantile Pneumonia.

Dr. Henry T. Price (*Penn'a M. J.* November, 1917) says that no treatment of pneumonia in infancy is complete without the use of the hot mustard bath. He advises not to use it as a matter of routine, but when the child is cyanotic and greatly depressed it may be the only means that will save the child's life. It is also of prognostic value at this time, for if there is no response to the mustard bath there is usually nothing else that will be effective.

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Amaurosis.

In amaurosis resulting from overindulgence in tobacco and alcohol with a coexisting anemia and general debility, pay proper attention to food, selecting good, nutritious and easily assimilated articles of diet. Give cod liver oil and the phosphates, combined, perhaps, with bichloride of mercury, and an occasional injection of 1-60 gr. of strychine into the temple.—BARTHOLOW.

Diarrhea Due to Emetine.

A writer in the *The Brit. Med. Jour.*, October, 1917, tells us that emetine, like some other valuable drugs—for example arsenic—may, when given in considerable quantities, produce the symptoms which, when taken in more moderate doses, it tends to cure. Reference is made to Kilgore and Liu (*Arch. Int. Med.*, Chicago, 1917, XX, 178-183) who from their clinical experience in China show the importance of recognizing that emetine may cause diarrhea, and record some cases in point. Diarrheic stools due to emetine are almost indistinguishable to the eye from those of the amebic dysentery for which the drug was given. Thus, a patient receives daily injections of emetine, with the result that the dysentery improves and amebae disappear from the faces which become more or less normal; then emetine diarrhea occurs, with reappearance of mucus and blood, and if, under the assumption of a dysenteric relapse, the emetine is pushed, the condition becomes aggravated and death may follow, as in one case quoted by Kilgore and Liu. Fortunately, if the real cause of the secondary diarrhea is realized and no more emetine given, recovery follows.

Amenorrhea in War Time.

A note in the *Brit. Med. Jour.*, (Dec. 1, 1917) calls attention to a number of articles in the recent German periodicals in which the authors point to the great increase of amenorrhea in women of childbearing age. They attribute it to the defective nutrition under the existing food conditions and to the fact that many women are now doing men's work. In the Charité-Frauenklinik in Berlin, according to Strickel (*Zentralbl. f. Gynaekologie*, No. 28, 1917), cases of amenorrhea are seven times more frequent than before the war.

Maternity and the War.

At a meeting, held under the auspices of the Faculty of Insurance, at the Central Hall, London, on November 24th, 1917, H. Kingsley Wood, chairman of the London Insurance Committee, said that a quarter of a million children whose lives might have been saved had died since the war began, and even this left out of account the loss of prenatal life, owing to the conditions of employment of the mother and other circumstances.—*Brit. Med. Jour.*, Dec. 1. 1917.

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Suicide in Italy.

According to the Annuario Statistico for 1915, the number of cases of suicide in Italy increased steadily from 2880 in 1910 to 3187 in 1914, representing respectively rates of 84 and 89 per million inhabitants. These figures show that in the period of forty years from 1877 to 1914 the proportion of suicides has more than doubled.—*Brit. Med. Jour.*, Dec. 1, 1917.

Acute Catarrhal Rhinitis.

Dr. W. C. Wolverton (*Clin. Med.*) suggests that the person who is continually "catching cold" should have his nose and throat examined; abnormalities, such as hypertrophied turbinates, a badly deviated septum or septal ridges and spurs should be given surgical attention, at a time when the victim is free from a cold. As a variety of bacteria are capable of setting up an acute inflammation of the nasal mucosa, a combined bacterin containing the predominant organisms commonly found in this condition should be administered as early in the course of the attack as possible. A serviceable combined bacterin for acute catarrh contains the following: Bacillus influenzae, 200 millions; streptococcus, 60 millions; pneumococcus, 80 millions; micrococcus catarrhalis, 200 millions; staphylococcus aureus and albus, 200 millions each in 1 cubic centimeter of the stock bacterin. The dose of such a bacterin is from 0.3 mils to 0.5 mils. A necessary adjunct treatment consists in the employment of a nasal spray or douche with one of the alkaline antiseptic solutions, at intervals of about two hours. The solution must be warmed to body-temperature. The bowels are best emptied by a combination of calomel and phenolphtalein. If there is elevation of temperature, give aconitine and veratrine.

Boric Acid in Influenza and Pruritus.

Dear Doctor: I was interested in reading in your most interesting Journal of May on page 187, "The Treatment of Influenza." In reference to Influenza or Coryza, I have found that when the first indications appear, that Boric Acid snuffed up the nostrils two or three times a day will abort influenza. With this treatment the patient is not compelled to fill his system with miscellaneous drugs. On page 189 I note an article on Pruritus Scroti. I beg to say that years ago I was affected with this disease and found by washing with a saturated solution of Boric Acid two or three times a day I was cured and have not been troubled with this disease since.

Yours very truly,
H. L. HARRIS.

100 Willian Street, New York.

Dear Sir: Enclosed find check for two years' subscription to THE CRITIC AND GUIDE. I can't afford to miss a copy. Very truly yours, FRANCES P. 70 Dodge St., Buffalo, N. Y.

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Hygiene and Dietetics

Evil Results of Excessive Fatigue.

In discussing the conditions of modern industrial life, Maurice Parmelee (*"Poverty and Social Progress"*) mentions overwork resulting in excessive fatigue as one of the contributory causes of poverty and racial degeneration. The writer points out that excessive fatigue, apart from and in addition to the immediate physiological effects upon the individual, produces numerous other evil results. Fatigue weakens the attention and the muscular control of the worker and causes accidents to himself and to others. Excessive fatigue increases infant mortality, and lowers the birth rate among working-women. Even tho it may be desirable that the working class should not increase so rapidly, it goes without saying that the check upon its growth should come in some other fashion. Furthermore, the offspring of the overworked mothers are usually physically stunted and weakened, as might be expected. Such physical deterioration, if it becomes sufficiently widespread, may lead to racial degeneration. Overwork predisposes to disease and nervous disorder. Sometimes it prepares the way for specific occupational diseases. In some cases it leads directly to disease thru the self-generated poisons of fatigue. Thus excessive fatigue becomes in itself almost an occupational disease, as well as an occupational danger.

Simple and Useful Venereal Prophylaxis.

Dr. Henri Bogart (*Western Med. Times*, December, 1917) points out that America will have a million or more men in the war zone, and that these men when infected will return to leave a trail of woe and weakness across the nation for generations. Therefore, a plan to protect the men against specific infection must be carried out. Thinskinned sentimentalists, he says, will howl that the men who contract disease are getting what they deserve, but we know that the men will so consort, the average man being not continent, particularly when herded into military or naval bodies. This being the case, it would be criminal folly to allow the men to become victims of venereal diseases. It is easier and safer to prevent than to cure. The writer advises the following plan which is cheap, simple and certain. It consists of an ointment of 33 per cent calomel in lanolin, with which the man carefully rubs the entire surface of the penis before intercourse, following with a 1-1000 wash of bichloride, immediately after the union. The writer remarks that he never uses rubber gloves in operating or autopsy because he wants the tactile knowledge of his finger tips; he relies on the above treatment applied to his hands, and it has never failed him.

[Prophylactics consisting of two preparations are objectionable, especially if one is a wash or a liquid, because they will

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not be used properly or at all. Preparations contained in one tube or package are much preferable. They occupy less space, are easily carried about and are more certain of being used.]

Effects from Cooking Vegetables.

The *Therap. Gaz.* (December, 1917) quotes Courtney and Bartlett (*Am. Jour. of the Dis of Children,* July, 1917) who state that a large proportion of the mineral content of most vegetables is lost in the water used in cooking by boiling, and that this loss is only slightly reduced by making the time of boiling a minimum. A very great saving in mineral content may be effected by the method of steaming. Spinach is the best vegetable to provide a salt addition to the diet.

Alcohol as Nutrition.

John Koren (*Alcohol and Society,* 1916) declares that one must accept it as incontestable that, as alcohol is burned up in the body, it saves carbohydrates, fat, and albumen, and is therefore to be reckoned among the nutritive substances. The fact that alcohol in large quantities has a toxic effect does not detract from its position as a nutriment in the physiological sense. Yet, the writer continues, to advocate alcohol as an article of consumption for the sake of its food value is clearly inadmissible; simply the question of cost would determine the unwisdom of regarding alcohol in any form as a food, unless it be in very special cases under medical direction.

What Should the Ordinary Diet Consist Of?

Use plenty of those foods from which the body can get a needed supply of the kind of sugar it can utilize, such as fruits. Also we must use at each meal some of those foods that are rich in lime—spinach, for example, which contains fifteen to twenty grains of lime to the pound. Also good turnip greens, which contain thirty grains of lime. Turnip greens, indeed, contain more lime than anything one can eat. The potato is the only vegetable which does not contain a considerable amount of lime, tho this has other qualities that make it deserving of the high place it occupies in the modern diet.—*Good Health.*

A Valuable Article of Nutrition.

The pine nut is one of the most concentrated of all foodstuffs. A pound of pine nuts has a nutritive value of nearly 3000 calories, equal in food value to four pounds of beefsteak or two and one half pounds of bread.—*Good Health.*

My dear Dr. Robinson: THE CRITIC AND GUIDE is a very welcome visitor. I find not only much pleasure but instruction in perusing its pages. With much esteem, I am, Very sincerely yours, BENJAMIN H. GROVE, M.D., 334 Pearl St., Buffalo, N. Y.

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Eugenics and Sexology

Free Selection in Marriage and Race Improvement.

Alfred Russel Wallace (*Social Environment and Moral Progress*) defines character as the aggregate of mental faculties and emotions which constitute personal or national individuality. Character is very strongly hereditary, yet it is subject to more inherent variation than is the form and structure of the body. Altho the actions of most individuals are to a considerable extent determined by their social environment, that does not imply any alteration in their character. This inherent and unchangeable character tending to be transmitted to offspring, there can be no progressive improvement in character without some selective agency tending to such improvement.

The author shows how this selective agency will come into action automatically when our social system is so reformed as to afford suitable conditions under which a power of selection in marriage is set free which will steadily and certainly improve the character as well as the strength and the beauty of our race. He believes that *when women are economically and socially free to choose, the worst men among all classes who now readily obtain wives, will be almost universally rejected.* In this mode of improvement by elimination of the less desirable he sees many advantages over that of securing early marriages of the more admired. What we most require, the author agrees, is to improve the *average* of our population by rejecting its lower types rather than by raising the advanced types a little higher. Great and good men have always been produced in every phase of civilization. We do not need more of these so much as we want a diminution of the weaker and less advanced types.

Natural Tendency in Mating.

G. Frank Lydston (*Impotence and Sterility*) intimates how under natural conditions the physical is far more important than the psychic in the question of mating. Sex attraction is a purely animal attribute which, invest it as we may with a halo of sentiment and romance, is none the less a primitive biologic instinct that is common to all species. Civilization and its attendant refinements have added the psycho-sexual to the purely animal, but as yet the former by no means dominates matrimonial selection, nor would the best interests of the race be conserved by its domination.

The unlike attracts and the like repels, here as elsewhere. If the large powerful man usually selected a woman built upon similar lines, and the small man the small woman, we, in time would have two races side by side—one of dwarfs and the other of giants Should intellectual persons always gravitate together, procreation finally would cease and the race would run

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out, dying at the top, after passing thru all the degrees of physical and mental degeneration. As a matter of fact, the natural tendency of human beings to select mates of opposite characteristics has been conservative, and has tended to maintain a certain racially healthful physical and mental average. [The attraction for the unlike, the so-called tendency of human beings to select mates of opposite characteristics is denied by some very careful sexologists.]

The Geographic Factor in Human Development.

Man can no more be scientifically studied apart from the ground which he tills, or the land over which he travels, or the seas over which he trades, than the polar bear or the desert cactus can be understood apart from its habitat. Man's relations to this environment are infinitely more numerous than those of the most highly organized plant or animal. So complex are they that they constitute a legitimate and necessary object of special study.... Man has been so noisy about the way he has "conquered nature," and nature has been so silent in her persistent influence over man, that the geographic factor in the equation of human development has been overlooked.... Now the geographic element in the long history of human development has been operating strongly and operating persistently. Herein lies its importance. It is a stable force. It never sleeps. This natural environment, this physical basis of history, is to all intents and purposes immutable in comparison with the other factor in the problem—shifting, plastic, progressive, retrogressive man.—E. C. SEMPLE: *"The Influences of Geographic Environment."*

Color of Skin and Hair.

Color of skin and hair is only the effect of environment, and we are fair only because our ancestors lived for thousands, or probably tens of thousands, of years in sunless and foggy countries. Fairness is nothing else than lack of pigment, and our ancestors lost part of their pigment because they did not need it. Just as the Proteus sanguineus and certain beetles became blind in caves, where their eyes were useless, so we poor fair people have to wear dark glasses when walking on a glacier, and get our skin burned when we expose it unduly to the light of the sun. It is only natural that certain Indian races and the Singhalese are dark; but it would be absurd to call them "savage" on that account, as they have an ancient civilization, and had a noble and refined religion at a time when our own ancestors had a very low standard of life.—DR. FELIX VON LUSCHAN: *Anthropological View of Race.*

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Love Not An End.

For the anthropologist, love is not an end, but only a lyric introduction, a prologue to life which is itself a serious matter, and one full of cares to those who owe their existence to that love. From the point of view of biology two people unite by a natural attraction to perpetuate the species, and as species evolve they develop, according to their position in the biological scale, a greater and greater love for the child. Every wild animal remains faithful to its mate so long as the fruit of their union is still partially dependent, and with man, whose feelings are incomparably stronger, this love of the child is projected even to succeeding generations.

In man purely sexual love is in process of evolution. Whither does it tend? Does it change for the better or the worse? If for the better it becomes a more exalted feeling; we worship the character of the one woman who has become so dear to us until it seems impossible that we should live without her. If, on the other hand, it is for the worse, reverence for her personality diminishes, moments of intimate converse become rare and the child, the gift naturally desired of all normally constituted men, has already become a burden. The wife is no longer reverenced as an individual or as mother and teacher of the children, but is treated as a luxury, a point of view altogether foreign to biology. In short, to demand that a woman should always remain young and to wish to keep her merely as a source of pleasure is just as absurd as to wish that a fruit tree should remain covered with flowers all the year round without bearing fruit in autumn.—DR. LANDAU: *The Eugenics Review*, Vol. IX, No. 10.

The Suckling Instinct.

....How the power of giving suck and the corresponding instinct for sucking were first developed it may be impossible to tell; but it is evident that having once been established as the method of sustenation for the young of mammals, any young lacking the instinct would perish without leaving descent. There is every reason to believe that, with the exception of a few of mankind, and still fewer of domestic animals, it may be truly said of every individual mammal that all its ancestry, thru all generations since they became fairly Mammalian, have had this instinct in full force

And yet it sometimes fails and the line of descent is cut short with the individual that fails. Till comparatively recent times the same was true of man; but we now find some cases in which the young survive in spite of their inability to suck, and the constancy of this Mammalian characteristic is being gradually impaired. There is also in some races an increasing tendency to shorter periods of lactation, or the entire suppression of the function; so that it seems not improbable that there may yet

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arise a variety of human species in which the power will be comparatively obsolete. Under such conditions the instinct for suckling would cease to be of any advantage, while special advantage would accrue to those best able to thrive on the artificial food habitually provided by the parents. In some countries this would be the milk of ruminating animals, while in other countries it would be some vegetable preparation.—JOHN T. GLICK: *Evolution, Racial and Habitudinal.*

Prostitution in Wartime.

The *Journ. of the Am. Med. Ass'n* Dec. 1, 1917 quotes Dr. A. L. Fonss (*Ugeskrift for Laeger,* Copenhagen, Sept. 6, 1917) who traces thru the ages the attempts to control the spread of venereal disease, especially in armies. Fonss relates that it was not until about 1600 that the connection between prostitution and disease in the soldiers was definitely recognized. He mentions Marshal Strozzi's drowning of 800 female camp followers at one time in the Loire (1570), and Gustavus Adolphus' promotion of marriage among his troops (1621). During the Thirty Years War, in 1648, to the army of 40,000 soldiers entitled to rations there were 140,000 followers not on the ration list. The women aided in cooking the food, mending the soldiers' clothes and nursing them when sick. Johann of Nassau proposed in 1608 to substitute men nurses and cooks for women workers, alleging as the chief reason the prevention of infectious diseases. The French Commander Carnot, in 1793, drove away women followers of the camp to the number of 3,000. Fonss regards as of great and practical interest the regulations in regard to prostitution promulgated in Austria since the present war began. They specify with minute detail the prophylactic measures which the prostitute must use herself and offer to her customer. The medical inspector must verify that she has the preservatives on hand.

Woman's Part in Sustaining Racial Values.

Women have equal part with men in determining the inheritances of their children of both sexes. A woman may convey masculine traits from her male progenitors to her male offspring which do not appear in her own inheritance; that is, a woman inherits neither the physical nor the mental texture of a man, altho she may transmit both. The women of a line will reproduce for generations the heavy beards, hairy, muscular forms, and masculine habits of mind of their males, while they themselves remain womanly in physique and manner of thinking. Conversely....the feminine characteristics of a line may be carried down thru the males, but not a male among them will have in his own being those finer attributes of physique, or the delicate alertness of thought, the intuitive penetration, the exquisite quality of love for offspring, which make the glory of womanhood.—SETH K. HUMPHREY: *"Mankind."*

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Extracts from Letters to the Editor

THE CRITIC AND GUIDE: Inclosed find currency for three dollars in payment of my subscription to January 1919.

I have been reading the CRITIC AND GUIDE since Vol. 1, Number 1, so I suppose I may be considered an old subscriber. If I didn't like the C. and G. I'd have stopped it long ago. That's enough said. Keep it coming. Fraternally, A. G. BETTMAN, M.D., Portland, Oregon.

Dear Dr. Robinson: Enjoy all your writings and have gleaned much wisdom therefrom; only wish I could help you fight the battles you are waging. May send in some ideas some day for what they are worth. Fraternally yours, J. B. STEINMETZ, M.D., Blackwell, Mo.

Dear Dr. Robinson: I have been in the harness for 53 years. I can say *Amen* to your theories. Very truly yours, J. T. YOURTEE, M.D., Brownsville, Md.

Dear Dr. Robinson: Long may you live *right here*, for this is both your heaven and your hell! "Hereafter" is but a *hope* of which we have never had the semblance of a proof! Our dust may feed a rosebud, but *wings* are but the chimera of ignorance and superstition! Sincerely, OSCAR ALLEN, Chillicothe, Ill.

Dear Dr. Robinson: I have just finished glancing through each number of the CRITIC AND GUIDE for last year. The subject matter is not only unique, but many of the articles alone are worth more than the year's subscription. Yours very truly, ALBERT THORPE, M.D., Zion City, Ill.

Dear Sir: I always enjoy your splendid work as a true humanitarian apostle. I am badly missing the true manly daring in the vast majority of authors, who are mostly educated weaklings. With most sincere wishes for the best of your great undertakings, I am, Very sincerely yours, A. E. WEITKAMP, Mattapan, Mass.

Impossible to get along without it, keep it coming. A. A. VERNON, M.D., 18 Fairfield Avenue. Buffalo, N. Y.

Dear Dr. Robinson: I feel that I must tell you how much I enjoy reading THE CRITIC AND GUIDE, also several books that you have published, viz., *Sexual Problems of Today, Birth Control, Sexual Disorders in Men and Women*, and the best one of all, *Woman: Her Sex and Love Life*. I find great comfort in the ideas I have gained from a careful reading of the books. My husband enjoys them as well, and our two sons, both college men (Michigan Agricultural College) consider them great helps to them in their every day life, from a practical standpoint. I have made a special point to interest many of my women and girl friends in the study of those problems, and I believe that I can say that I have succeeded in getting a number to take a broader view of life. Hoping that your scientific pen will be mightier than theology's sword, I am, with best wishes for your continued success, Mrs. IDA I. SHAFFER, Vicksburg, Mich.

Dear Dr. Robinson: Yours is the only medical periodical I read from "kiver to kiver." I do not agree with all you say in the THE CRITIC AND GUIDE, outside of medicine and birth-control, but I appreciate your independent spirit and your sincerity. With my best wishes for your continued good work, MYRON SHERPER, M.D., The Lowry Bldg., St. Paul, Minn.

I wish Dr. Robinson many years of success and happiness in his noble work. It will be only a matter of a few years when his efforts must

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materialize. Yours sincerely, J. SHERIDAN MCCLEES, D.D.S., 103 South Broadway, Baltimore, Md.

Enclosed please find renewal of my subscription to THE CRITIC AND GUIDE, the best magazine ever published. Wishing a long and active life to it and its fearless editor, I am, Very truly yours, PAUL BERARDI, 1166 W. Grand Avenue, Chicago, Ill.

Dear Dr. Robinson: May many years be added to your useful life, especially in your journalistic work until the world may know which road to follow to better the conditions of our morality, is the wish of Your co-worker and friend, E. P. CLEMENS, M.D., 1017 West Fifth St., Dayton, Ohio.

Enclosed please find check for my CRITIC AND GUIDE for the year. I enjoy reading it very much. Nothing like it. J. W. KAYLOR, M.D., Akron, Colo.

Dear Dr. Robinson: Here you are for 1918 and may it be a successful one for you. Sincerely, RAY C. MERRIL, D.C., 562 Congress St., Portland, Maine.

Enclosed herewith find money order, and please extend my subscription to your little yellow very instructive CRITIC AND GUIDE. Yours very truly, P. R. PANLILIO, M.D., Angeles, Pampanga, P. I.

Dear Dr. Robinson: I could not do without my C. and G. and look forward to each issue. Yours fraternally, J. C. TEUFEL, M.D., Buffalo, Iowa.

Dear Dr. Robinson: Some years ago I knew a physician, a man of sixty or more, who was discussing the case of a young man who was under treatment for some venereal disorder. He said that the best way to stop men from running after prostitutes would be to castrate them, as then they would live good Christian lives. As if a man could not be destitute of all sexual urge and yet false to every principle of Christianity! It might be interesting to know that this same doctor deserted his wife and ran away with another woman some time later. We seek in vain among sexual conventionalists for either logic, consistency, education, freedom from prejudice or fair play. Sincerely yours, S. REID SPENCER, 5 East 40th St., New York City.

Dear Dr. Robinson: Enclosed find cheque for subscription to CRITIC AND GUIDE and to the JOURNAL OF UROLOGY. I can't do without them. Yours sincerely, WALTER HEATON, Reading, Pa.

BOOKS RECEIVED.

A HANDBOOK FOR SCHOOL NURSES. By *Helen W. Kelly, R. N.*, and *Mabel C. Bradshaw, R. N.* The Macmillan Co., New York, 1918. $1.00.

TALKS ON OBSTETRICS. By *Rae T. La Vake, M.D.* C. V. Mosby Co., St. Louis, 1917.

MILITARY SURGERY. By *D. P. Penhallow, M.D.* Oxford University Press, 35 West 32nd Street, New York. Second Edition, 1918.

LOCOMOTOR ATAXIA, By *W. J. M. A.* MALONEY, *M.D.* D. Appleton & Co., New York, 1918.

THE WAY OUT OF WAR—Notes on the Biology of the Subject. By *Robert T. Morris.* Doubleday, Page & Co., Garden City, New York, 1918.

Burns and Their Treatment, including Dermatitis from High Explosives. By *J. M. H. Macleod, M.D.* Oxford University Press, 35 West 32nd Street, New York, 1918. $2.00.

SCOPOLAMINE—MORPHINE—SEMI-NARCOSIS DURING LABOR. By *Wm. Osborne Greenwood, M.D.* Oxford University Press, 35 West 32nd Street, New York, 1918. $2.00.

THE CHILD IN HEALTH AND ILLNESS. By *Carl G. Leo-Wolf, M.D.* George H. Doran Co., New York, 1917.

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THE MEDICAL

Critic and Guide

Incorporating the

Dietetic and Hygienic Gazette, Physicians Drug News & Office Practitioner

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00 Single Copy, 20c. Foreign, $1.50

The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Volume 21. NEW YORK, AUGUST, 1918. No. 8.

Editorials and Editorialettes

Next month The CRITIC AND GUIDE will don again its beautiful goldenrod dress.

Remarkable Proof of the Value of Venereal Prophylaxis.

None are so blind as those who will not see, and those who refuse to believe in the remarkable value of venereal prophylaxis will not be convinced by any facts and figures. But those who have an open mind cannot fail to be convinced by the facts as they are seen now in the various camps in this country and abroad.

In the Journal of the American Medical Association, June 23, 1918, Captain Morris C. Thrush gives the results of his experience as regimental surgeon at Camp Dix, New Jersey. From the formation of the regiment, which is composed entirely of colored troops, on November 8, 1917, to April 19, 1918, only nineteen cases of venereal diseases developed. Of these nineteen, twelve men did not apply for or receive prophylactic treatment. *That leaves only seven* cases out of 1561 prophylactic treatments that were given. Of these seven cases, five were gonorrhea, one chancroid and one syphilis. But it is to be borne in mind that all the seven were cases which took the treatment *after a longer lapse than twenty-four hours from the time of exposure.* To quote now Dr. Thrush's own words:

"This shows the efficiency of prophylactic treatment; it also demonstrates the value of early treatment whenever possible, as four out of the seven cases developed during the Christmas and New Year's vacations, when the men had four and one-half days' leave, and all four of these admitted relations on the first day of leave, making an interval of four days before receiving

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prophylactic treatment. This leaves only *three* cases that developed after prophylactic treatment when the interval was between twenty-four and forty-eight hours, **and not a single case in which prophylactic treatment had been administered within twenty-fours hours after exposure."**

The reason why comparatively so few treatments were given is explained by the fact that the camp had been under quarantine for five weeks of this period at which time no leave was granted. The number of prophylactic treatments represents an average of over 100 treatments each week end, and the number was as high as 150 treatments between Sunday night at 10 P. M. and reveille the following morning.

When it is taken into consideration that the type of prostitute with which the negro is bound to consort is of a lower type than the average, and is more likely to be infected with venereal disease, the value of individual venereal prophylaxis becomes strikingly apparent. *Venereal prevention does prevent in every case if properly used.*

Influence of Emotion upon Sensation.

Dr. Daniel Hack Tuke (*"Illustrations on the Influences of the Mind Upon the Body"*) calls attention to the fact that the sensations of heat and cold may be caused by emotional disturbances; fear, e. g., may not only cause the subjective sensation of cold, but may also reduce the temperature by its action upon the vaso-motor nerves. The author cites the following instance as related by Erasmus Darwin: "A young farmer in Warwickshire, finding his hedges broken and the sticks carried away during a frosty season, determined to watch for the thief. He lay many cold hours under a hay stack, and at length an old woman, like a witch in a play, approached and began to pull up the hedge. He waited till she had tied up her bundle of sticks and was carrying them off, that he might convict her of the theft, and then springing from his concealment he seized his prey with violent threats. After some altercation, in which her load was left upon the ground, she kneeled upon the bundle of sticks, and raising her arms to heaven beneath the bright moon, then at the full, spoke to the farmer already shivering with cold: "Heaven grant that thou never mayest know again the blessing to be warm." He complained of cold all the next day, and wore an upper coat, and in a few days another, and in a fortnight took to his bed, always saying nothing made him warm; he covered himself with very many blankets, and had a sieve over his face as he lay; and from this one insane idea he kept his bed about twenty years, for fear of the cold air, till at length he died." Altho the exposure to the cold of a frosty night had, no doubt, considerable influence in causing a chill in the first instance, Dr. Tuke comments that the power of fear in sustaining the morbid and purely subjective sensation of cold afterwards, cannot be denied.

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Idiots Savants.

A. F. Tredgold (*Mental Deficiency*) directs attention to cases of defective mental development resulting in special aptitudes of quite a phenomenal nature, not merely in comparison with aments but often with the acquirements of ordinary persons. These mental defectives with special aptitudes are described as "idiots savants." It is remarkable that they almost invariably belong to the male sex, female idiots savants being almost unknown. The author cites a number of cases among which the nature of these phenomenal acquirements varies considerably. In some defectives the talent consists of an extraordinary development of one of the special senses. Imbeciles have been described who were able by the sense of smell to pick out their own and their companion's clothes. In other cases there is an increased development of the visual sense. In a boy whose hobby was the collection of small bright articles of any description, this interest had so cultivated his sharpness of sight that nothing in the shape of a pin, a minute fragment of a broken glass, or any shining particle, which was invisible to the ordinary person, ever escaped him. In another boy the sense of touch was so delicate and fingers so deft that he could take a page of the Graphic and gradually split it into two perfect sheets, as one would peel a postage stamp off an envelope.

In another group of cases there is sometimes an almost incredible capacity for the performance of mechanical work requiring the greatest cunning and dexterity. In other persons the gift takes the form of drawing and occasionally this talent passes beyond mere picture copying as in the celebrated case of Gottfried Mind. This person who died in Berne in 1814, was a cretin imbecile with such a marvellous faculty for drawing pictures of cats that he was known as "Der Katzen-Raphael." Others have an extraordinary capacity for reproducing spoken words. An epileptic idiot, aged twenty-two, could neither read nor write, in spite of the most careful teaching. Spontaneously he hardly spoke at all, and then only short disconnected words or the simplest sentences; but he had an extraordinary capacity for repeating fluently and with proper intonation everything said to him whether in his mother tongue or in Greek, Japanese, Danish, Spanish, etc.

In a considerable proportion of these idiots savants the gift is one of memory. A man, sixty-five years old, suffering from high-grade amentia, has a penchant for biographical history. It is only necessary to mention to him the name of a prominent personage in modern or ancient history, and out there flows in a steady, unhesitating stream a full and detailed account of his birth, life and death. His knowledge has been acquired by passing over biographical details in such books as were available. It is not, however, merely repetitive, for he stands cross-questioning in a manner which shows that he knows what he is talking about.

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There are idiots who can reel off poetry ad infinitum. A boy, having read a book, would correctly recite whole pages, word for word. An imbecile could repeat verbatim a newspaper he had just read. Most mental defectives are fond of music and several cases are recorded in which a pronounced musical capacity was present. In marked contradiction to the general failing of aments in this respect, a few of these persons have an extraordinary capacity for arithmetic and calculations. A low-grade imbecile, when told the age of anyone, would, in a very short time, calculate the number of minutes he had lived.

Man's Power of Accommodation.

The great importance of accommodation is often seen in birds and mammals, and pre-eminently in man. The power of man to occupy every land, of every clime, that is not entirely devoid of vegetation, or continuously capped with ice, is due to his powers of accommodation; thus he wins nourishment in hitherto untrodden fields; by accommodation he protects himself against the extremes of heat and cold, to which he would soon succumb if fortified simply by the inherited characters of his body thus far attained, unaided by artificial clothing and shelter. But even in the case of man, who is able by his arts to adjust himself to great extremes of climate, there have arisen different races, with special adaptations to different climates in their inherited characters. If the average child of tropical Africa and the average child of Greenland should exchange homes and training, both would be heavily handicapped in the struggle for life, thru lack of innate adaptation. Man was probably fully adapted in constitutional character to warm climates before the art of clothing and house building had arisen; but we may well believe that these arts were found of the utmost importance when tribes began to invade the colder climates, or when cold weather invaded their native lands; and that it was in consequence of these arts that permanent colonies in the colder regions became possible.—JOHN T. GULICK: *Evolution, Racial and Habitudinal.*

The Crushing Machine of Freedom and Life.

With the growth and civilization of society, institutions become more stable, laws more rigid, individuality is more and more crushed out, and the poor, barren subwaking self is exposed in all its nakedness to the vicissitudes of the external world. In civilized society laws and regulations press on the individual from all sides. Whenever we attempt to rise above the dead level of commonplace life, instantly the social screw begins to work, and down is brought upon him the tremendous weight of the socio-static press, and it squeezes him back into the mire of mediocrity, frequently crushing him to death for his bold attempt. Man's relations in life are determined and fixed for him; he is told how he must put on his tie, and the way he must wear his

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coat; such should be the fashion of his dress on this particular occasion and such should be the form of his hat; here he must nod his head, put on a solemn air; and there take off his hat, make a profound bow and display a smile full of delight. Personality is suppressed by the rigidity of social organization; the cultivated, civilized individual is an automaton, a mere puppet, Under the enormous weight of the socio-static press, under the crushing pressure of economic, political, and religious regulations there is no possibility for the individual to determine his own relations in life; there is no possibilty for him to move, live and think freely; the personal self sinks, the suggestible, subconscious, social impersonal self rises to the surface, gets trained and cultivated, and becomes the hysterical factor in all the tragedies of life.—DR. BORIS SIDIS.

The Bohemian.

The often amazing unconventionality of artists, their Bohemianism, happy-go-lucky conduct, reminds one forcibly of primitive characteristics. The poet, the musician, the dreamer, the painter, the sculptor, the actor—all of them are closer to the elemental forces of human emotions, those that have come down to us from the beginning of the race, than the people who are bearing the burden of social repression; and they are often as irresponsible as children who, in their way, are less distant from the primordial instincts than the conventionalized adult.—MAXIMILIAN P. E. GROSSMANN.

The Law of Continuity.

In the gradual evolution of man the ever present law of continuity holds. There is no break in the path from the orgy of the naked savage to the sensual dance of to-day; from the careless sale of a Bushman's daughter to the fixed price of a daughter of a Croesus; from the savage grapple with wild beasts to the present grinding struggle of competition. From birth to maturity civilized man is tossed upon the same seas of passion and wrecked upon the same rocks as those upon which the simplest tribesman was wrecked eons ago.—GEORGE W. CRILE.

Vacation Dangers.

While health is the object sought in taking a vacation—sickness and even death may result unless care is taken in selecting the vacation spot;—this is the warning given by Dr. Biggs, State Commissioner of Health in the June number of the Health News. People take great pains in choosing a place where general conditions are ideal, the company and recreation facilities excellent, but seldom is any inquiry made as to the purity of the water and milk supply, the safe disposal of refuse, and other sanitary conditions that necessarily affect the health. The Commissioner emphasizes the necessity for making not only careful inquiry in advance, but on arrival an investigation into general sanitary conditions.

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Original Articles

THE NEUROSIS OF THE HOUSEWIFE. *

BY ABRAHAM MYERSON, M.D., OF BOSTON

Assistant Professor of Neurology, Tufts College Medical School;
Out-patient Physician, Psychopathic Hospital, Boston.

The housewife whom I have in mind is poor, tho she has her counterpart in well-to-do households. Likewise she is "born in Russia," and a Jewess, yet has Gentile sisters, whose ancestors came over in the Mayflower.

I have called her disease a neurosis, but there is no practising physician, and especially no hospital physician, who does not know her, for she passes from doctor to doctor, from clinic to clinic, looking for the aid she eloquently implores. By the time she is thru one round of treatment she has probably had her eyes refracted, her septum straightened, her teeth pulled, had plates fitted to her feet, wears a pessary or has had a ventral suspension, can tell sodium bromide in any mixture, has had a dozen negative Wassermann tests, as well as a course in electro-healing! It is easy to wax humorous about her, and to tell her "now there's nothing the matter with you, go home and forget it," but the cold fact remains that she breaks up nearly as many homes as alcohol, and is a focus of misery.

On the surface she carries a monotonous series of symptoms. Her complaints simmer down to pains and aches, paralgesic and paresthetic sensations. Headache, especially frontal and occipital, or a pressure, tired feeling in head; neck and shoulder ache; and also pains in the arms and hands; pain in the back; pain around the heart of a peculiar kind; numbness, and pins and needles feelings here and there, but especially in hands; hot flushes, cold flashes—any or all of these unilateral or bilateral. It is to be emphasized that these housewives complain more of pain than patients with organic disease, with syphilis of the nervous system, and that frequently there is unilateral preponderance of pain and discomfort not to be traced to any organic disease. Moreover, dizziness is common, a moderate amount of nausea, especially at the sight of food, and fatigability enters into the syndrome as a sort of cement substance welding all the symptoms together into a monument of misery.

Now, while the pains, aches, fatigue, visceral disturbances, etc., are the difficulties which bring the housewife to the physician, the neurologist finds no difficulty in bringing other and more fundamental symptoms to the surface. These less obvious

* Reprinted from *Medicine and Surgery*, March, 1918.

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symptoms are essentially changes in the mood and emotions, and are not easily defined. As will be shown later, they relate to serious difficulties in life adjustment, and are a sort of middle links between the pains and aches, and these conflicts.

First, the patient is evidently obsessed by *anxiety and fear.* She is intensely hypochondriacal as a matter of course: wants to know whether she has heart disease, lung trouble, fears that she may be going crazy, worries about oncoming paralysis, and watches her every bodily process with anxiety, and a brooding solicitude. This fear, as displayed towards herself, is also directed to her environmental and familial interests. Worries about finance, about the health of her children, their future, and that of the entire menage, with which she stands related, appear constantly in her mind. She "can't help worrying," *there is a feeling of absence of volition, of being a prey to gloomy association processes,* which in its turn alarms the patient. She feels as if her control over her mind were gone, and thus arises the fear of losing her mind.

Aside from these definitely ideated fears or worries there are unreasonable fears that sweep into her, episodically, apparently unrelated. She complains, then, of sudden sinking feelings, accompanied by palpitation of the heart, great weakness, hot flushes, and a fear, perhaps vague, filled in with an object. The object of fear in these latter cases is often associational, such as of heat (after being overcome in summer); of riding on the cars, or of automobiles (as after accidents); of sharp instruments (here the fear is of an impulsion to commit suicide, or to kill a "beloved" person, her child), etc. These fears are, of course, not essentially different from those found in other psychasthenic states.

Further than this, the helpless acceptance by her mind of disagreeable thoughts brings with it, in the extreme cases, a debate concerning her every act. Her occupation with her thoughts takes away the possibility of clear concerted planning and working, and the frequent mistakes, the little lapses in memory, the loss of time, and inefficiency breed an *obsession of doubt* which makes the simplest decisions agonizing. Every neurologist is acquainted with these difficulties in decision, and they need not be here detailed. Sufficient to say that, in the extreme cases, they relate to her comings and goings, to everything from the arrangement of the furniture to the cooking of the meals. This ambivalence, attended by a painful feeling of doubt, sometimes proceeds to the point where a dream-like state results. A sense of unreality arises, which is rarely absent in some degree in all cases, and which in a few cases makes the patient feel "as if I belonged to another world, nothing looks or feels real any more." What is here pointed out is that the obsessions of doubt, and the anxious restless states so often seen in housewives, at times reaching the point of a psychosis, differ from the milder cases

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where aches and pains predominate only in the emphasis and development of symptoms.

As important as the fears, the doubts, the sense of unreality, is a mood made up of *unenthusiasm*. The patient drags herself thru her work, looks to each day's work as a martyrdom, loses her pride in her skill as a housewife. Even her love for her children may sink to the point where their main relation to her emotions is the care, the distress, the irritation they bring her. Her care for them, her care for her household, proceed out of a sense of duty, out of the pressure of her training and her past emotions, rather than from a willing spirit. This, too, disturbs her greatly. "Why do I feel this way; why can't I feel as I used to; what has made this change in me?" is her cry, for she has good insight, and is a very keen analyst and critic of herself.

It is not assumed that all these mood changes are present in full-fledged form in every case. They represent the type found in extreme cases, but are, however, present in varying degrees in practically every case. Where the depression is extreme, as in certain patients, there is this cardinal point of difference between it and that found in manic depressive—namely, that there is no retardation, and further a careful inquiry shows it to be distinctly ideational, and it is almost always very quickly improved by change of scene, *i. e.*, leaving the home.

Now there is a very curious relation between the aches and pains, and these moods. As one studies the cases intimately, gets to know them and their domestic affairs, it appears that in many instances the pains and aches appear:—first, after quarrels; secondly, in the midst of disagreeable tasks; and thirdly, upon the occurrence of painful thoughts, such as the hypochondriacal fears, struggle against unfaithful thoughts, fear of pregnancy, in the midst of obsessive thoughts and doubts, etc. This subject will be considered further in another paper, and it becomes necessary at this point to pass from the symptoms to the internal struggles, and general life conditions, of the patient, which for my purposes are assumed to be of cardinal importance in bringing about the neurosis. Not all of the factors are of equal importance, *e. g.*, in those cases amongst the well-to-do poverty in itself plays no part, and it is not assumed that predisposition plays no rôle. *In fact, it must exist, but its existence is not necessarily a stigma, it is often the mark of a personality not willing to accept odious conditions of living, yet not strong enough to change them.*

The neurosis is usually not of much importance until about the fifth or sixth year of married life. Truly enough, it has its inception with the very first day of union, with the first disillusion, with the first neglect, the first serious quarrel. Also the abrupt change from ante-nuptial conditions to the home conditions operate disastrously in the case of those who have previously been neurasthenic, and rapidly bring on the neurosis.

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But, in general, the women presenting themselves in clinics for the first time are either in the late twenties, or the early thirties, are the mothers of three, four or more children, and have been married for some time.

THE FACTORS IN THE DEVELOPMENT OF THE NEUROSIS.

1. *The Monotony and Confining Nature of Housework.*—Where a woman has to do all of her own work, *i. e.*, the washing, ironing, scrubbing of floors, as well as cooking, cleaning and general household duties, she is doing far more than the average servant is willing to do. Add to this, that the work is lonely, that in most of its details it is conceded to belong to the servant type of work, that it confines one to the same scene from morning to night, without even the mild exhilaration and excitement of a trip to and from work, and a fairly active, aspiring mind falls into introspection, and phantasy building that becomes almost intolerable to the sane resistant personality. For while certain types of personalities fall easily into an autistic life, the ordinary mind becomes disgusted and rebellious under conditions that foster such thinking. These difficulties would largely vanish if the husband brought sympathy, understanding and distraction to the wife. But by this time sympathy and understanding have largely disappeared, and at night the husband retires into his own world, leaving the wife to hers.

Nor must the care of small children, especially where there has been fairly rapid child bearing, be forgotten as a factor in the development of the neurosis. The impairment of physical beauty, and the natural regret therefor, the broken sleep, and also the petty irritation and the mental fatigue incident to the constant coping with the caprices of little children, break down endurance and fortitude. The average American woman of means finds even the care of one or two children, with the aid of a maid, difficult; and yet the American physician finds it difficult to understand just why the care of three or four children, plus housework in every detail, plus poverty, breaks down the women who come to his clinic. It must be remembered that even the poor vary in their capacity for endurance, and that amongst the humblest there are many who find their conditions of life unendurable, *especially because of their awareness of better conditions*.

But the monotony and confining nature of housework have other than physical effects on the housewife. Irregular habits of eating—largely because the appetite suffers (many a woman hates to eat what she herself cooks)—brings about constipation. There is a general atony developed thru lack of recreation, lack of fresh air and out-of-door exercise. The housewife I have in mind is by necessity an indoor body, and a train of attendant evils follow because of her sedentary habits. These in turn breed a depressed and unhappy mood, make her cross, irritable, weary, and widen the breach between her and the husband, who wonders

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why housework should make women so unreasonable and complaining. One might paraphrase the old saying which drolly puts it: "If husband and wife bore children alternately and the husband had the first there never would be a third"—into—"If husband and wife took care of the house alternate months and the husband had the first month, the third would find the family in a tent."

2. *Effect of Poverty.*—Leaving aside the physical effects of poverty, for the housewife I have in mind is usually not undernourished, is kept warm in winter, and has sufficient clothing, there are other effects which are essential in the development of a neurosis. Most women of the class I have studied, Jewish women, have hopes when they marry for at least a moderate wealth. As time goes on and the husband still remains poor, or has failed in ventures to get rich, or displayed no ability to get on—is still a poor, struggling tailor on the ragged edge of charity, or a small business man who makes less than a laborer—the state of mind of the wife gets hopeless. She sees "a wall closing in," "a road with old age and charity ahead," "a never enduring burden of hard work and no recreation," and an anxious rebellious spirit results. Now not all poor women look ahead, not all feel keenly being deprived of the nicer things, not all are ambitious or proud or envious of successful friends: those who are and remain poor are predisposed to the neurosis of the housewife.

3. *Relation to the Husband: The Love Question Generally.*—This seems to me to be the nucleus of the problem relating to the neurosis. The home, as a segregated social unit, is built up on the stability of the feeling between a man and woman. Originally, so we are told, a sort of property institution in which wife and children were the chattels, the form of the household has remained unaltered while the spirit has changed. The rise of woman to something like equality has brought into view the belief that man and woman enter a partnership in marriage, that love gives the sexual relation sanction and sanctity, and that there is to be a community of interests and sympathies. Woman takes a pride in the married state as the hall-mark of success, and to the normal woman the husband is the Man, with connotations of strength, sex-vigor, and ability. To be one with the man is thrilling to a woman; it makes her willing to endure child-birth, housework and all, tho her spirit may rebel, and she may feel herself meant for better things.

Now in the married state as it brings about a neurosis in certain housewives there are several rifts within the lute:—

(*a*) There may be conflict from the start as to who is to rule. "Having their own way" is an aim and an end in itself for many people, men and women. Indeed in all humans the Will to Power asserts itself early, and is a directing force in the development of the personality. Its balking under the circumstances of married life may dwarf and disintegrate the per-

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sonality. The henpecked, beaten husband has his refuge in an outside world, but for the thwarted housewife there is no escape. The whole house reminds her of her defeat: if she loves her husband the situation is tolerable, but with the creeping in of disaffection, distaste or disgust, it becomes intolerable. With bold determined natures separation or divorce results, with less hardy women, more bound by fear of social attitude or general consequences, *a see-saw of emotion results,* manifested by irritability, fatigability, and indecision and ambivalence extending in many directions.

The conflict may rage about any or many points. It may concern the location of the home, the kind of furniture, the bringing up of the children, the question of entering into business, the frequency of intercourse (later considered), the money spent upon personal adornment, the drinking of the husband, his attentions to other women—the whole wide range of the plans and details of life may be the issue. As in all quarrels it is not the importance of the matter but the worth it has to the pride and sense of personality of the belligerents that counts. Moreover, as is universally known, the weapons of women in their battles with men are often indirect, and are wielded with a sense of winning thru weakness, thru "bringing about an acute discomfort in the man, by appealing to his sense of shame and his ingrained dislike of tears, scenes, etc." So we have here a potent factor in the neurosis of the housewife—the will to victory or power thru pain and suffering, *i. e.,* thru the symptoms. Thus the headache, the backache, the fatigue are witnesses against the husband, a sort of "see what you have done," a parade to be compared to the horrors that haunt the guilty: acute spurs to his conscience. This method of battle is not peculiar to woman; it finds its expression in many social traits and customs, but it is frequently the weapon of choice in women and children, *i. e.,* in those unable to win by more direct and more open means.

While power and obstinacy on the part of a man are forgivable by a woman if he is successful in his dealings with the world, *i. e.,* can give her the things she wants in station, social glory, ease and luxury, it is entirely another matter when he remains poor and humble, and she is condemned thereby to hard work, poor clothes, monotony, secondary station. For usually she has in mind some man who might have given her what she wants, or some woman, friend, relative or acquaintance, who has what she wants. With the entrance of disrespect (conscious or unconscious) comes real bitterness, aided and abetted by a gnawing envy of others, a potential disloyalty to the husband.

(*b*) Around the sex life itself a great deal of difficulty centers. It is to be remembered that the normal sexual appetite is a very variable matter. There are men and women to whom intercourse needs only be occasional, and others who for many years require or demand daily gratification. At once there is a

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ground of discontent if a disharmony exists between the partners in their needs and power. For the woman this may mean a humiliating subjugation to the will of the man, or else dissatisfaction with his relative impotence. So fundamental a link between the marital partners is satisfactory sex life that many a woman clings to an unworthy mate because he happens to have desire that coincides with hers, and conversely it takes great love to overcome the handicap of non-adjustable sex needs and powers.

Wrapped up with this is a development of recent years. After the first two or three children many women develop a genuine fear of neurosis as they await each menstrual period, the *fear of pregnancy*. To many a poor woman, overburdened with work, unable to give the existent children what she desires them to have, to whom another child in prospect seems a great calamity, each intercourse is a perilous adventure, which finally is regarded not worth the risk that is involved. Finally a sort of rape complex is developed, because under such circumstances possession of the woman *seems to her a violation of that central matter in personality, the feeling of personal dignity and worth.* Yet somehow she has come to the belief that intercourse is essential to the health of a man, and there then arises a sharp divergence between what she feels is her duty and her own desires, or rather lack of desire. Moreover, it must not be forgotten that the frigidity is in itself the result of a conflict, and is as much fear and resistance to desire as anything.

Contraceptive measures only partly remedy this, and indeed bring about a new set of problems. To hedge around the sexual act with precautions takes away all pleasure in it, for some people, and indeed brings about disgust. *That there is a physical, a vasomotor, a sympathetic disturbance in tension without discharge, in excitement without orgasm, is undoubtedly true, but added to this is emotional disturbance of the type indicated.*

These things snap the sexual link that unites the man and woman, the husband and the housewife under consideration, or rather wear it away. Love may still remain despite all this; but it is a sadly crippled love, for sexual indifference easily permeates the whole field of domestic life.

We approach now the emotional or psychical crux of the matter. The thoroly selfish woman, the worthless type, seeks satisfaction elsewhere, in her own pleasure one way or another. The strong woman adjusts herself to her difficulties, bears her burdens bravely, finds her husband's real worth, and loves him for that. The peasant type, without expectations or foresight, is contented that she has a home, a husband and children, and never understands why any woman should want more than these. But a large group *have more feeling than capacity for adjustment.* Monotony, hard work, poverty, and a too earthly husband bring about a neurosis, one of whose chief symptoms, a deep

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fundamental symptom, is an *inability to know how to act. They cannot accept nor can they reject their life conditions.* One of the fundamental needs of the human being is a fixed viewpoint, or a settled attitude toward persons or things. We are all ill at ease, uncomfortable, in the presence of people toward whom we have not adopted a definite social attitude. The man or woman who persists in intimate revelations when we decree conventional conversations, annoys us, and we avoid him or her as the plague. So this housewife, unsettled in her attitude toward her home and husband, wishing to do her duty, yet afflicted with distaste and fatigue, suffers. Her reaction in large part, at least, is the neurosis itself with its intermingled and interrelated physical and psychical manifestations. But in the background of the neurosis is a doubt, a sort of ambivalence, which disintegrates in a subtle way the functions of mind and body. This disintegration is not that of dementia præcox, for it is emotion—provocative and attended by fear.

It is beyond the point to argue that many housewives are subjected to these same conditions and do not react with a neurosis, and that some housewives with the neurosis do not have these life conditions. As to the first point it is like saying that all syphilitics do not get general paresis, therefore syphilis is not the cause of general paresis. We are not yet ready to apply a rigorous logic to medicine, or to anything else for that matter. Certain syphilitics get general paresis, but just why we do not know. Certain housewives get the housewife's neurosis, and perhaps more than we suspect are afflicted. *It is a disease of matrimony, a state which is excellent for the race, but rather hard on many individuals.* To call these individuals neuropathic is to use a label for ignorance. In fact many of my patients have a history of normal girlhood. And further, when one realizes what life offers some people, especially women, one wonders why more neuroses do not result. Undoubtedly, a native temperament is at bottom, but intrinsically this temperament is a good one, but merely not adapted for a very hard, unsatisfactory sort of life.

Since this is not essentially a formal medical paper it is not necessary to go into detail into therapeutics. At bottom the home and the patient's reaction thereto are involved as causative. A detailed understanding of the home is of value, and social service has a very proper, non-charity field in introducing better housekeeping, labor-saving devices, new interests, etc. Removal to another neighborhood sometimes acts as a tonic. *If the home can be changed there is the keynote of therapeutics, if not then it is better to lay emphasis elsewhere since a counsel of impossibilities only depresses.* One must then raise the mood of the patient by physical agencies, *i. e.*, by drugs, hydrotherapy, massage, rest, etc. But above all it is very valuable slowly and carefully to adjust the patient to her home as it is, to purge her of

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useless rebellion, and vain aspirations. Here a knowledge of the patient is the first essential, and individual psychotherapeutics indispensable; *and sometimes the greatest good is done by a simple straightforward talk with the husband.*

" 'Tis not sound understanding to judge us simply by our outward action; we must penetrate the very soul, and there discover by what springs the motion is guided," says Montaigne, "but that being a high and hazardous undertaking I could wish that fewer would attempt it."

If one adds to the above that this paper represents an attempt made to understand both women and disease, two difficult fields of inquiry, then perhaps none should have attempted it. However that may be, I feel that the physician who approaches the problem of the nervous housewife in a spirit of thoro enquiry will learn something himself, and, what is more, will be able to help his patient.

Translated for THE CRITIC AND GUIDE.

SYPHILIS WITHOUT CHANCRE IN WOMEN.

BY PROF. GAUCHER.

"Chancre is the initial, one might almost say, the necessary symptom of syphilis. In fact, cases of syphilis without chancre are rarely observed, and in the majority of such cases the chancre has simply not been recognized. It has been maintained that in a limited number of cases the chancre may be absent: the syphilis was inoculated thru the blood. The chancrous lesion being only the reaction of the epidermis which was affected by the syphilitic virus, one can understand that the epidermic reaction is necessarily absent since the inoculation took place not on the epidermis but thru the introduction of the specific poison into the general circulation. The secondary symptoms are then the first manifestations of syphilis." I wrote this in 1907. I was acquainted with two cases of this kind. I already reported one of them: the finger of a physician was wounded with a bistury. This happened during the operation of a patient with secondary syphilis. There was no chancre, but six weeks afterwards a roseola presented itself. The second case has not been published but was narrated to me by Professor Fournier: In the hospital of St. Louis they tried to treat the psoriatics by intramuscular injections of yellow oxide of mercury. One day a sufferer from a psoriatic syphilid which was erroneously taken for psoriaris, received an injection; right afterwards the surgeon gave a similar injection to another patient who was suffering from real psoriasis. The needle had not been exposed to the flame. Six weeks afterwards the patient presented a syphilitic roseola.

I know of two cases which can be explained more easily but which, nevertheless, have caused me much trouble. These two cases are absolutely comparable. Being discharged from

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the chirurgical department of the same hospital where they had undergone an abdominal operation, two women came under my treatment for syphilitic roseola. These two patients had been in the hospital for several months, being very sick and confined to their beds. In none of them was I able to trace the infection back to coitus. Neither one nor the other had trouble with her throat, and no ganglion could be discovered. Nevertheless I had not the least doubt that they were syphilitic and had contracted the disease during their stay in the hospital. I was treating then one of the men who had assisted the surgeon when he was operating upon one of these women. This assistant had a full fledged secondary syphilis with mucous patches in the mouth. I thought that he had infected the woman during the operation and that the infection had taken place thru the peritoneum. As to the second patient whom I saw several years afterwards, a similar etiology appeared probable to me by analogy, but only by analogy, for she had been operated by another surgeon by whom I was never consulted.

Besides these two exceptional cases, which are little known, nobody believes in "syphilis without chancre." This is the established law; I said it and others did so, on the strength of the traditional teaching, and I wrote it.

In my compendium on syphilis which I wrote in 1907, one can notice a certain reticence: the chancre being nothing than the reaction of the epidermis in the presence of a syphilitic inoculation, it must be absent when this inoculation is not epidermic.

After an experience of more than thirty years during which I have seen so many women having secondary syphilis without chancre, I doubted for a long time whether we should ever be able to discover the chancre in a woman and to trace it after the most thoro examination. I admit that in many, in the majority of cases, we are unable to discover the chancre, to find any trace of it if an examination of the woman is not made at the end of the second or third month; yet, as a rule, chancre in a man does not heal so easily by itself, without any treatment—and syphilis in woman is the same as in man. Yet there are incontestable cases in which a man who has contracted extra-conjugal syphilis and had connections with his legitimate wife before he knew that he was infected, had his lawful wife examined during the time following this dangerous coitus and regularly and repeatedly during one month before he had been put wise as to the nature of the lesion on his penis, or because he had been obliged to do so. The physician examines the woman carefully, three, four, five times and oftener, and finds nothing. The investigation has covered not only the external genitals but also the vagina, the neck of the uterus, the anus, and nothing has been found. He reassures the husband, but a few weeks afterwards, the woman returns to consult him for headache, a roseola, and sometimes mucous patches. I have seen cases of this kind, and others. It

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is always easy to say, you failed to notice the chancre. But in this case I have not only not seen the chancre but I have found no congestion of ganglions, neither in the groins nor the neck; besides, the woman had never complained of throat trouble. Now, then, in the presence of such facts, what shall one say, or do? I have not yet dared to say what I thought for a long time. To-day I will do it.

A chancre can exist only on the skin or on a dermo-papillary mucosa, on a mucosa which is covered with pavement epithelium, such as the mucosa of the mouth and the pharynx. Besides the skin proper, the chancre can also be located in the nostrils, the covering of which is cutaneous, the anus, beneath the sinuous line of Morgagni; in a man on the mucosa of the prepuce, in a woman on the mucosa of the vagina and the neck of the uterus. The semi-mucous membranes of the anus, the prepuce, the vagina and the neck of the uterus are in reality cutaneous linings and have the same structure as the skin. But there can be no chancre if not on the skin and its appendages and the dermo-papillary mucous membranes of the mouth, the throat and the conjunctiva. Every case of syphilis which was inoculated on any other mucous membrane than that of the dermo-papillary mucous membranes, does not start with a chancre.

If during coitus the virulent serosity penetrates with the sperm, thrown forward by the ejaculation, into the uterine cavity instead of being inoculated on the vulva, in the vagina, or on the neck, it is the mucous membrane of the uterus thru which the virus is introduced into the system and the latter syphilized.

The mucous membrane of the uterus is lined with a cylindric epithelium thru which the syphilitic virus or microbe may penetrate and cause a constitutional syphilis without chancre. This intra-uterine absorption of the specific virus gives rise to a primitive secondary syphilis, or, if I may say so, to a secondary syphilis at the first onset, without an initial symptom.

We must not forget the fact that the skin and the dermo-papillary mucous membranes, which are lined with pavement epithelium, do not absorb liquid matter. The inoculation can take place only thru a lesion of the epidermis or the epithelium; and by this lesion a syphilitic chancre is started. On the other hand, the mucous membranes which are lined with cylindric epithelium, can absorb liquid matter and thru them the infectious fluid can penetrate directly.

This shows how in a woman syphilis without a chancre may develop, proceeding from a fresh, ulcerous, oozing, contagious syphilis which is inoculable from her partner, the virus going beyond the vulva and vagina to penetrate into the uterine cavity.

From the observation of a number of cases I came to believe that by an old syphilis of the husband which is not more directly contagious thru the skin or the mucosa, because of its non-ulcerous character, the woman may nevertheless be infected by means

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of the sperm when the latter penetrates into the uterine cavity, without pregnancy.

Of course if there is an ovule ready for fecundation and the latter takes place, the woman is infected during conception and intermediately thru the fetus. This is known and admitted by all; I do not insist on it. But, I maintain, that also in the absence of an ovule, in the absence of pregnancy, a woman may nevertheless be infected. For, if the sperm or the spermatozoid of a syphilitic may engender syphilis hereditarily, if this sperm is the vector of syphilis, and if it is absorbed by the mucosa of the uterus, why does it not transmit syphilis directly to the mother as it does to the child? Some micrographers have pointed to the presence of treponema in the sperm of the syphilitic.

This is a theory. But I have observed facts by which this theory is confirmed. In such a case, the transmission of syphilis from man to woman does not give rise to an immediately active infection. It might be called a syphilitic impregnation, a slow and inobtrusive syphilization, like syphilis contracted during conception, a latent syphilization, which, so to say, manifests itself reluctantly, and which may remain latent forever and can only be discovered by a positive Wassermann.

Proceeding from this marital syphilitic contagion which is probably of spermatic origin and, in all likelihood, has its starting point within the uterus, I observed several cases the nature of which seemed to me not doubtful. The symptoms were variable. I have seen a woman who had gummata on her legs which appeared thirty years after her marriage, and after she had never felt anything before. The husband confessed that ten years before marriage he had had syphilis, but then for a long time and long before marriage he had not complained of any contagious lesion nor of any ulceration. There was no pregnancy and the woman's fidelity was beyond the shadow of any doubt. Another woman was suffering from leukoplakia of the tongue, and another from tabes. Another one was treated a long time by several physicians for multiple sclerosis to which she finally succumbed. I had treated her husband before his marriage; he had not shown contagious symptoms for a long time. There was no pregnancy and the woman beyond suspicion. Others presented other lesions. To expatiate on them would become tedious, but I want only to state that the etiology of all of them was the same; a direct contagion was admissible in none of them; the conjugal honor of all of them was irreproachable; in all of them the infection seemed to be caused by the sperm and by the intrauterine road, and in the absence of pregnancy.

I am aware that many of these facts and my explanation of them may be contested, because I have not adduced absolutely convincing proofs; yet, in any case, I admit that they have to be confirmed by similar observations. I published this little essay with the intention to show to my colleagues what I have observed and to induce them to make further investigations.

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Translated from the *Ann. des Mal. Vener. for* THE CRITIC AND GUIDE.

THE RADICAL TREATMENT OF GONORRHEA WITH SANDALWOOD OIL.

BY DR. PAUL VIDAL, MAJOR OF THE FIRST CLASS.

As quinine is curative in malaria, mercury and arsenobenzol in syphilis—if given in proper dosage—so is sandalwood oil in gonorrhea; but as a matter of fact the dosage necessary for effecting a complete and rapid cure is quite unknown up to the present moment, the doses usually prescribed producing merely an abatement of symptoms but not a radical cure. This ignorance was explainable and even justifiable, because Sandalwood Oil, administered in the usual dosage, brought on occasionally intolerable pains in the lumbar region and it seemed impossible to increase this dosage without producing an absolute intolerance. But 15 years' conclusive observations have convinced me that there is a method by which large doses can be given without causing any systemic injury nor any considerable lumbar pains. All that is necessary is not to take the drug *during or within two hours preceding meals.* The time of ingestion with reference to the meal is the most important thing. It was just the fact of the medicine being given at the wrong time which brought on intolerance and prevented the administration of sufficiently large doses.

Another point of importance for a successful treatment is the preparation and the purity of the drug.

Sandalwood oil in capsules taken by mouth is by far superior in efficacy to its employment by urethral injections.

However, if the drug is given in larger doses, the ingestion of the amount of the gelatin which incloses the drug is increased too and more so the smaller and consequently the more numerous the capsules are. This being the case it is important to use capsules of 1 gram net instead of the small 50 centigram capsules which hold not more than 0,25 or 0,30 centigrams of sandalwood oil.

This precaution is necessary because of the gastric troubles which are induced by the ingestion of large amounts of gelatin.

Furthermore, the drug must be absolutely of guaranteed and certified purity; all makes that are advertised as "just as good" should be rejected, capsules of 1 gram net from reliable firms being in the market. The dosage and the duration of the treatment is of course determined by the character of the disease.

This matter is to be considered under two headings, to wit, firstly, under that of acute gonorrhea and acute complications; secondly, under that of chronic gonorrhea and chronic complications, and that of gonorrhea in women.

In the first instance the daily dose should be from 6 to 7 grams for two weeks. These 6 or 7 capsules of 1 gram net are equal to 24 or 30 of the capsules that are sold in drugstores, of the latter each capsule containing not more than from 25 to 30 centigrams of sandalwood oil.

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The hours of administration will then be as follows:

2 grams—at 8 o'clock: 2 capsules of 1 gram each or 6 of 30 centigrams each: 1 gram—at 1 o'clock p.m.: 1 capsule of 1 gram or 3 of 30 centigrams.

1 to 2 grams—at 3 o'clock p.m. 1 to 2 capsules of 1 gram each or 3 to 6 of 30 centigrams.

2 grams—at 9 p.m.: 2 capsules of 1 gram each or 6 of 30 centigrams.

From the 15th to 20th day only 4 grams are taken daily.

From the 20th to the 38th day, 3 grams.

From the 30th to the 40th day, 2 grams.

This represents a complete course of treatment of 145 capsules on an average.

The following results will be obtained:

An almost complete cessation of the discharge, pain and all other symptoms at the end of 24 hours.

Nevertheless, the treatment should be continued in order to avoid relapses and to secure a complete cure.

In regard to hygienic measures, the patient should not drink more than ¼ litre (½ pint)* of wine with his meal and should abstain from sexual intercourse. Otherwise no changes in his daily habits are demanded; on the contrary, he may follow his usual mode of life.

It is of frequent occurrence that the recovery is apparently complete and things go on well until the tenth day after treatment. One should never be too optimistic for relapses may happen. While the gonococci sleep, they may be aroused by the least unforeseen disturbance.

In the second instance, namely, that of chronic gonorrhea, of gonorrhea in women, and in chronic complications, the treatment is apparently less radical. Yet, it is always specific. But the established lesions, the microbic associations, and the deep scleroses render the results less evident and necessitate modifications in the treatment.

In men the action of the drug must be supplemented by means of massage and the Béniqué sound so as to facilitate the access to the gonococcus driven from the deep and almost inaccessible indurated tissues.

The administration must be intermittent and must proceed as by successive heavy blows.

A daily dose of 6 grams should be given for from 8 to 15 days with pauses of from 8 to 15 days.

The cure will be accomplished in about 3 or 4 months. By this procedure the numerous sequelae of gonorrhea in women (salpingitis, ovaritis, metritis, and chiefly metrorrhagias during the catamenia and menopause) will be considerably relieved and in many instances cured.

* Very few physicians in this country would permit their patients suffering with acute gonorrhea ½ a pint of wine with meals. Different countries, different customs;—even in the treatment of disease.—Ed.

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In order to accomplish a rapid cure and to avoid induration of the lesions the early administration of the drug is of paramount importance. Scleroses will not take place at all if the drug is given right at the onset of the disease.

The modus agendi is twofold: general, and local after the manner of an anteroposterior wash.

Sandalwood oil introduced into the system is transformed into powerful antiseptic agents which, however, differ from other antiseptics in that their action is continual and by the fact that the microbe is not able to acquire a resistance to sandalwood oil even if the latter be administered for long periods. The drug is as powerful on the tenth day as it is on the first. This is quite different with permanganate, copaiba and cubebs, to which the microbe acquires resistance in a very short time so that in 3 or 4 days the action of these drugs is decreased considerably or rendered ineffective and thus the microbe is enabled to recover and take up its work with renewed vigor.

It is just by virtue of this property that sandalwood oil has attained to the rank of a specific in the treatment of gonorrhea.

Experience has shown that this drug may be employed as a prophylactic.

After a suspicious connection a capsule should be expressed into the opened meatus; as an additional precaution it will not be amiss to take 1 or 2 capsules of 1 gram each by mouth.

After this the gonococcus will be put out of commission, and this is easily understood.

The cure of gonorrhea by the systematic employment of sandalwood oil is of the greatest benefit for the individual as well as for society, since by the ravages wrought by this disease the racial vigor is impaired and the national energies are paralyzed.

In summing up: the drug must be given in large doses, must be absolutely pure and given in capsules of 1 gram net, and right from the onset of the disease.

By virtue of the fact that even after a prolonged ingestion of the drug the gonococcus is unable to acquire resistance to its action, sandalwood oil constitutes a radical, specific, abortive and curative treatment, and also it can be utilised as a prophylactic.

For THE CRITIC AND GUIDE.

FATHER AND DAUGHTER.

BY L. E. EUBANKS.

Gladly do I concede that there are many good and competent fathers, men who are as conscientious in their duty to the children as are their wives. Yes, there are many, absolutely; but not relatively. The average husband, when he thinks at all seriously of the matter, reasons that responsibility for the children's moral and educational welfare rests with his wife. I attend largely to the physical needs, supplying the necessities of life; while I am busy making the living it is my wife's duty to look after the home and youngsters. Thus do too many fathers excuse themselves from a sacred duty.

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Admittedly, a man can not be in two places at the same time; he cannot be at his post in the store or office raking in the necessary evil and at the same moment in the garden teaching his young hopeful the difference between a rose and a weed. But every husband worthy the name spends some time at home; how much will surprise the typical "busy man" who is fond of saying that he is never home except to eat and sleep. When busy people have acquired the equivalent of a college education by snatching bits of leisure—a moment or an hour as the case might be, let no father who has even one or two evenings a week at his fireside say that he has no time for his children. As one has aptly put it, "parenthood confers the stewardship of souls," and no parent, woman nor man, must dare to treat lightly this gravest of responsibilities. Quoting the same author again,

"The mere procreation of children could not possibly be the end of matrimony; for this could be done without the bond, without the unity, without the perpetuity, without the love. Manifestly, then, the chief reason for the institution of matrimony was the welfare of the offspring, not merely the existence of the offspring, but its growth and development, the promotion of all its interests."

The fathers I wish particularly to speak of in this paper are the men who admit the truth of what I have said but construe their duty to end with general attention to the family and specific care of their *boys*. Inquiry shows an incredible number of fathers of daughters who scarcely know their girls. Their astonishment is great when they are told that they can contribute some things to the girls' development which mothers, however willing, can not give. The father too often imagines that there is a bar between him and his daughter, and this attitude usually creates a bar. A girl that has been properly fathered knows but little difference in her parents, as far as love, trust and confidence are concenrned. Not until the father begins to "respect her sex"—I mean in a prudish way—does the daughter realize that he is "different" from her mother.

A father will never be on exactly the same terms with his girl as the mother is. Neither should he, to serve the child's best interests. Each parent has an individuality, and the desideratum is that the offspring represent the best of each. This is the aim in stock-breeding, and as Herbert Spencer would say, the breeding of superior human beings is quite as important as the perfection of porkers.

Have you ever discussed the forbidden subjects—origin of life, prostitution, white slavery, venereal diseases, etc. with your daughter? Throw this bomb into a congregation of fathers and see most of them hike for cover. Perish the thought! The father shudders. He can't muster courage to talk such things to his boy, much less his girl. Her mother must do that. Maybe he'll talk to the boy later, etc.

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Self-deception this, and you know it, fathers. You know that your wife cannot tell the girl all the things she should know—not unless your wife has had exceptional opportunities to acquire information. The *average* home-protected woman of forty can not tell her daughter all the girl should know about today's pitfalls. It has been too long since she was a girl, and things are different. But the man of forty-five who rubs elbows with the world every day knows things, and best of all, knows men. It takes a thief to catch a thief, and there is more or less "villainy" in all of us men when it comes to women. I read Mrs. Frank Stoddard's report of the arrest of two old men for tampering with seven girls from 10 to 14 years of age. It was well nigh impossible to convince the mothers of these children, whereas a father, when with his daughter, is apt to be suspicious of any man's approach. He may not be able to discuss sexual perversions scientifically, but he knows of their existence—which is more than can be said for some mothers; and he is too wise to think that his daughter is safe just because she is "a little bit of a thing." There is a certain type of vulture that specializes on the near-baby, but it is desperately hard to make some women believe it.

I would not say that a father's part in the up-bringing of a daughter is as important as that of a mother to a son, but I do claim that it is just as logical that a female requires male associations properly to develop as that a male needs the influence of his opposite sex. As the boy needs the softening, refining influence of his mother and sisters, so the girl needs the strength, balance, *solidity* which come from the company and counsel of a good "dad."

One need not be a physician or psychologist to know that many girls and young women are lamentably ignorant concerning men; any observant person can see it, and daily events the world over prove it. A girl who has a pal in her father will learn many things directly and indirectly—and in a pure, clean way—that may be of vast value to her. She will see many people whom she might not meet except thru dad; she will go to places of which she might remain ignorant if her companions were exclusively women. And remember, ***knowledge*** is the best guardian of virtue. The girl who has a good father and knows him intimately has, in her knowledge of him, something of a standard of measurement. Surely she must more nearly know the desirable qualities of a man, a husband possibly, than the girl who is secluded from the company of men and taught to depend on mother for everything.

"Dad's girl" is never a prude. She is apt to be frank, clean and wholesome. With this man on whom she can rely, she learns in the gymnasium, on the beach, at the trap-shoot, etc. that most men will take a girl at her own appraisal. She does not fear them as strange, dangerous animals; and her honest, democratic attitude creates respect as ultra-refinement and pseudo-innocence can never do. A man is a bit like a bull, most apt to pursue

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the person that runs, and a girl can hold most men as good friends if she knows how.

And the physical phase of the matter is not to be overlooked. In this day when the value of a recreative hobby is universally recognized, most men have some pet sport that benefits their health. Perhaps you count on your son joining in this as soon as he is big enough. Why not the girl, too? why deprive her of the joys and benefits of outdoor sports just because she wears skirts? Take her hunting, fishing, etc.; take her to the links and develop in her the patience and endurance to follow a golf ball; to the traps and teach her to break the clay pigeons. Trap-shooting is a coming sport for women; they invariably like it, and it affords unusual opportunities for the sexes to meet and compete on equal terms. [Who was it said that anybody who would shoot a pigeon is a brute?]

I have never advocated extremes in physical training for girls—nor for boys; but there is much more danger of underdoing in this than of overdoing. I know a girl who owes a great deal, possibly her life, to the knowledge of boxing imparted by a sport-loving father. A thug who expected to handle her as the average run of women may be handled by a man, was neatly laid on his back by a jolt on the jaw. The girl's mother who had been so fearful that Helen was being "coarsened" never since that time objected to her boxing with dad. A father will be surprised at the possibilities, if he will but take the matter up; and he will find his girls more than willing to meet him half way.

FOR THE CRITIC AND GUIDE.

OLD-TIME REMEDIES.

BY L. E. EUBANKS.

The study of ancient beliefs, generally interesting, is especially so in the realm of therapeutics. In a way, it is instructive; we naturally seek a reason for the remarkable persistence of some remedies which we now know must always have been useless. Many with absolutely no foundation but superstition were widely used, and endured for decades—yes, centuries. They would not have been so popular without some efficacy. Why did "mummy," a concoction made from dead bodies, prove such a panacea? It was known before and after Shakespeare, and Thomas Brown tells us that Francis I (1494-1547) never allowed himself to be without it. Later, science and common sense showed that the thing *per se* was medically worthless. We can but conclude that what cures it effected came from faith in it, from self-hypnosis—in the same way that the modern placebo works, except that physicians themselves believed in mummy.

Knowledge of ancient therapeutics serves another valuable purpose besides showing the mind's value as a curative agent—it gives us a new appreciation of present-day science; and anything that increases a student's love and respect for his work enables him to rise higher in that work.

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From the earliest times the Chinese have been more or less afraid of foreign curative measures. Even to-day most of them in this country regard our hospitals as slaughter-houses, and consider it fatal to be taken to any American medical institution. They prefer to rely on certain herbs and mystic charms. In China the most popular treatment for typhoid is powdered rhinoceros horn—all the patient can take, mud packs on the abdomen, and cold towels to the head. Some of the patients actually get well in spite of the rhinoceros horn! Also, tiger bones and crab shells are thought to have great medicinal value.

As far back as inquiry has gone there have been medicinal herbs. All nations have believed in "plant medicine," and we know that much of this is well founded; but the doctor of bygone days had a bit more confidence than we, the Tartar doctor particularly; when the herb of his choice was not available he carefully wrote its name on a slip of paper, burned the slip, and got the same results! In some countries it was customary to mix the burned paper in a drink for the patient.

Superstition imposed many odd requirements. Time, rime and method of giving are prominent in a large proportion of the oldest remedies. The old Irish belief was that madness could be cured by a substance not made by human hands, milk, honey or salt; but to be effective it must be taken before sunrise, from a sea-shell. Again, to dispel a wart it was necessary to repeat a little charm as the excrescence was touched with a wedding ring.

"Wart away: wart away;
Die you with the death of day!"

The aborigines of Australia believed that the best treatment for a festering wound was to poultice with a freshly killed snake. If that thought is repugnant, how about swallowing lice as a preventive of jaundice? Schroeder, in "History of Animals That are Useful," says that this has been done, and I believe that Beaumont and Fletcher somewhere endorse the statement. In some parts of Ireland live earth worms used to be swallowed as a cure for palsy. In Norway cancer was treated in some way with the warm paunch of an elk. Yes, the animal world certainly contributed to medicine in bygone days—and not always the *lower* animals. We have seen that the widely used "mummy" was made of human bodies. Lepers were told to eat the heart, liver and kidneys of a healthy child. If the patient could also wash in the pure blood and anoint himself with grease from the healthy body, he would assuredly get well!

Hoddentin, like mummy, was a kind of general medicine, a cure-all, but I believe its use was confined mostly to our American aborigines. The Apache Indians made it of powdered tule, carried it in "medicine bags," and staked their very lives on its efficacy. A pinch of hoddentin on the tongue of an exhausted man was supposed quickly to invigorate him. Sprinkled

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on a wounded brave's couch, it was thought to brighten his chances of recovery.

The persistence of some old beliefs is remarkable indeed. It is not uncommon to-day to find persons who believe that infection of another leaves the infecter free. One can easily imagine what a world of illness this would cause were it generally believed. Quarantine would be decidedly unpopular; the fellow with a disease would want to give it away. Some people used to point to the action of a rabid dog to prove that the effort to "give it to somebody else" was naturad. Usually, dogs thought to be mad were not allowed to live long enough to afford any study. Many people of to-day believe that when a dog goes mad any person whom he has bitten in the past will surely go mad. Hydrophobia has always been a greatly dreaded malady. In Wales, it was believed necessary to take a bitten person to sea and by repeated ducking fill him as full of salt water as possible. Also, certain herbs boiled in milk were used. Some old seamen used to claim that burned crabs, well powdered, were a cure, provided the crabs had been procured during full moon.

In Newfoundland it was argued that the bite of a dog was curable by its flesh. The dog was killed, and its liver, while yet warm, clapped on the wound. Another suggestion was to grind the dog's liver to powder and give it to the bitten person in a drink. I presume the patient had to hold his face a certain way, because many believed that medicine taken with a grimace could do no good.

Rheumatism has been "killed" so often by our progenitors that it has astonishing temerity to be so well and active to-day! The blue glass cure was popular a good many years; I am told that there is a house in Boston to-day windowed thruout with blue glass, reminiscent of the time when this was supposed to make the inmates immune to rheumatism. In Wales, the sufferer from rheumatism must bind a split mackerel around his foot, if he would be well. In India the rheumatic must eat peacock's flesh as soon as possible; but only at night. As this bird is sacred to Buddha, much time and expense are often necessary to use this treatment.

The Arabs believed that burial of the body in desert sand cured skin trouble; the ancient Scots swallowed a horse-hair to rid the body tape-worm, and believed cabbage soup a cure for kidney weakness.

For sore eyes, the French used to recommend the saliva of a virgin who had fasted from midday to midday. The Arabs thought it essential to produce nausea, and usually did it by filling the weak-eyed unfortunate with all the salt he could eat. In India the person with eye troubles went to the temple and begged the priest to touch the eye with a piece of iron.

I have only merely touched this subject of ancient remedies and medical superstition; to go deep into the subject would require a many-volumed encyclopedia.

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Medical and Therapeutic Items

Abortion and Its Treatment.

Dr. A. J. Rongy (*N. Y. S. Jour. Med.*, May 1918) warns the medical profession against the danger of treating all cases of abortion by a cut and dried method, regardless of the specific causes of the abortion. About 95 per cent. of abortions, he says, are subjected to intra-uterine manipulations, regardless of the etiological factor which causes the abortion. From his study of the ductless glands and internal secretions, Dr. Rongy believes that the pregnant state will be treated properly only when the medical profession fully realizes (1) the changes that take place in the domain of the internal secretions at that time, and (2) that the administration of the artificially prepared organic substances can re-establish normal physiological activities.

While it is simple enough to diagnose which of the ductless glands is not functioning properly, it is difficult to institute treatment, because of the lack of knowledge as to what constitutes the proper dosage—which varies both with the season of the year and with each individual; also, the degree to which the secretion is lacking is not known, so that the physician must start treatment with very small doses.

In the Lebanon Hospital, 600 cases of simple, incomplete abortions were admitted in the past six years. Only when the bleeding was excessive was curettage resorted to, and only a dull curette was used. A hot normal salt intra-uterine irrigation completed the operation. Only when absolutely necessary was general anesthesia administered. Many cases of bleeding are controllable by the use of pituitrin, thus saving the patient from a curettage.

The number of women who abort is amazingly large—nearly 30 per cent. The most common cause mentioned—uterine displacement—is an entirely inadequate reply, and does not at all answer the question as to why so many normal healthy women abort. The author leaves the problem to be solved by whoever can do so.

Uses of Acetic Acid.

Acetic acid in dilute solution makes a good refrigerant, both externally and internally, for febrile conditions. In stronger concentration it is rubefacient. Acetum odoratum [Acetum Aromaticum, aromatic vinegar. N. F.] is a restorative, stimulating the nasal mucous membrane and reflexly the important medullary centres. The acid is mildly diaphoretic and diuretic. Glacial acetic acid is rubefacient, vesicant and caustic. Owing to its volatility, its action, however, tends to spread. It is employed for corns and warts.—WALTER J. DILLING.

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Rhubarb.

Rhubarb is the dried rhizome and root of rheum officinale, grown in China and Thibet where records of its medicinal use date from 2700 B. C.

The species of rhubarb cultivated in the United States are devoid of cathartic power.

Rhubarb is highly esteemed as a cathartic for children, on account of the mildness of its action.

The tonic and astringent action following its catharsis makes it a valuable agent in diarrheas due to the presence of irritating matter in the bowel.

For hemorrhoids with constipation its gentle action makes it peculiarly suitable, its astringent aftereffect being entirely overcome by 2- to 4-drachm doses of olive oil nightly.

In small doses the tincture is an efficient stomachic tonic, improving appetite, assisting digestion, and promoting the action of the liver without producing cathartic results.

Therapeutic Uses of Charcoal.

Charcoal is used externally as an efficient disinfectant, an absorbent and a deodorant application to foul ulcers and gangrenous wounds and is very efficacious in rendering them sweet and clean.

A small quantity added to water will keep it sweet for a long time.

Finely powdered charcoal is an excellent dentifrice.

Internally it is used chiefly in flatulent dyspepsia, gastralgia, heartburn, diarrhea, nausea of pregnancy, constipation and epidemic cholera.

When employed internally for any length of time, an occasional purge should be given to prevent its accumulation in the intestines. It is evacuated unchanged by the bowel, its action being purely mechanical in forming a protective coating to the mucous membrane of the intestine.

Fresh animal charcoal is more efficient than wood charcoal, but charcoal prepared from blood is the best.

Soy Beans.

A. L. Daniels and N. B. Nichols (*Jour. of Biol. Chemistry*) state that the soy bean is one of the most valuable of the leguminous seeds. Its protein appears to be quite as valuable as the casein of milk. To make the soy bean a more nearly complete food, suitable inorganic material, consisting principally of sodium chlorid and calcium compounds, needs to be added.

Eating Sugar.

C. E. Woodruff (*Expansion of Races*) says the craving for sugar is perfectly normal and explains the history of that commodity. Two thousand years ago no one knew of it, tho

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they cultivated and ate all the sugar foods they found—grapes, figs, dates, honey and maple syrup. When sugar was discovered it was a mere drug or curiosity. Then it became a sweetmeat for feasts, but gradually became a part of the ordinary diet, and is now a necessary ingredient in many of our dishes. The consumption in the United States alone amounts to about 83 pounds per capita, and the importations have mounted to billions of pounds yearly. The writer suggests that this is economy of the highest sort, even if it costs more than starch, for with it we relieve the digestion of some of its burdens.

Emetine Hydrochloride in Acute Infections of the Lung.

Million recommends emetine hydrochloride for the treatment of broncho-pneumonia accompanying or resulting from measles. It is claimed that emetine has considerable antipyretic effect, that it makes the secretion more fluid, relieves the congestion, is not a depressant, is easy to use, even in babies, and that it is not toxic if given in therapeutic doses.

The treatment is carried out by four or five daily hypodermic injections. After an interval of six or seven days, if a relapse occurs, four more are given. The daily dose is

under 1 year .....¼ to ½ cg. (1/24 to 1/12 grain)
from 1 to 4 years .....1 cg. (1/6 grain)
over 4 years .....2 cg. (1/3 grain)

The injections are given into the outer side of the thigh, and cause neither pain nor any local reaction.—(*Jour de Méd. et de Chir. prat.*).

Disasters Caused by Uncured Gonorrhea.

Dr. George Luys (*A Text-Book on Gonorrhea*) describes a case which, sad but true, can be called typical of thousands and thousands of similar cases. A man of 29 had had two attacks of gonorrhea—one when he was 21, and the second one at the age of 26. On both occasions the treatment had been insufficient; but in January, 1904, he was free from discharge, as he assured the writer. The patient never troubled about his water, as he did not understand the importance of the presence of heavy filaments in the urine, and married with a clear conscience. Six months after his marriage his wife had a profuse white discharge, which was treated with permanganate and silver nitrate douches. At the same time he noticed a big flow of pus from his urethra. Injections of zinc sulphate, and cubebs taken internally removed this discharge very quickly, and this apparent cure lasted about five months. In the beginning of December, 1904, a discharge suddenly came on again and his physician sent him to Dr. Luys. On examination his discharge was found to contain typical gonococci. Under repeated irrigations with potassium permanganate the discharge disappeared and the urine became clear, but some heavy filaments were still present in the

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first glass. Urethroscopy, after previous dilatation, showed that the posterior urethra was healthy; but the penile urethra showed at the peno-scrotal angle a patch about 2 centimeters in length, of typical infiltrative lesions.

At the same time the wife was examined who was eight months pregnant and suffered from a very free discharge. As a complete cure could only be effected after her confinement, she was treated by means of vaginal douches with permanganate and local applications to the outer surface of the cervix.

How many men consider themselves cured who carry gonococci in their prostates!

Bactericidal Action of Arsenical Compounds.

Dr. Clarence S. Allison (*J. Med. Res.*, March, 1918) reports on a series of experiments made "in vitro" and "in vivo" with a view to test the bactericidal action of salvarsan, diarsenol, and arsenobenzol against streptococci, and in the hope of obtaining evidence which might justify the expectation that these arsenical compounds are of value in the treatment of septicemias due to the organisms. Fifteen different strains of streptococci, representing both the hemolytic and viridans groups, were used. These organisms were grown in a plain beef infusion broth, .5 per cent acid to phenolphthalein in hot titration.

In the "in vitro" experiments to uniform amounts of the different strains of streptococci in four cubic centimeters of broth were added varying amounts of therapeutic dilutions of salvarsan, diarsenol, and arsenobenzol. They were placed in the incubator at 37° C. for 24 hours. Growth was controlled by smears and by the hanging drop. From these experiments it was evident that the arsenical compounds were bactericidal in a dilution of 1: 6000, and that in the majority of instances their growth was inhibited for at least 24 hours in a dilution of 1: 14,000. Their morphological identity was not destroyed. Transfers from these cultures failed to grow. Controls in physiological salt solutions failed to inhibit growth.

In the "in vivo" experiments 46 rabbits were used. The ordinary 1: 500 dilutions of salvarsan, diarsenol, and arsenobenzol were employed. From 5 to 10 cubic centimeters of these solutions, according to the body weight of the rabbit, was the estimated therapeutic dose. These doses were introduced into the ear veins with a syringe.

Streptococcic septicemias were produced in a large number of rabbits. They were arranged into series with one or more controls in each series. Each rabbit in a series received a lethal dose of 24 hour broth cultures of streptococci. Treatment was instituted at varying periods of time after injection.

Valuable information was obtained from blood smears made at certain intervals. It was noted that in treated animals there was a marked agglutination and phagocytosis of organisms,

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while in control animals this was present only to a slight degree.

From the 46 rabbits that were used, the following results were obtained: Out of 25 treated animals, 8 died and 17 recovered. Out of 21 control animals, 13 died and 8 recovered.

Reviewing the results of these experiments, Dr. Allison expects beneficial results from the use of these arsenical compounds in streptococci septicemias occurring in human subjects. The success of the treatment depends on the removal of the source of infection and the administration of the drug before secondary localization of the infections takes place.

The writer sugests that these arsenical compounds possess a possible advantage over antistreptococcic sera in that they do not destroy the bacterial cell and are, therefore, probably less liable to cause the sudden liberation of intracellular toxins.

Chenopodium.

Chenopodium anthelminticum, known as American wormseed, Mexican tea, and under other popular names, is said to have been used by the American Indians as a vermifuge and in the treatment of dysmenorrhea. Following the Indian use, there was a long "wormseed tea" period during which chenopodium was largely used as a home anthelmintic on the farms, while the medical men very generally ignored it in preference to imported drugs.

Dr. Maurice C. Hall (*Therap. Gaz.*, April 15, 1918) says that an appreciation of chenopodium, which had begun before the outbreak of the war, has been intensified by the present shortage of imported drugs and that now it receives an increasing amount of attention. The writer tells us that the clinical findings from studies of the anthelmintic efficacy of this remedy indicate that in animals having a simple digestive tract, as in the case of man and the carnivora, oil of chenopodium is more effective against such worms as ascarids than any anthelmintic now in use.

Methylene-Blue for the Treatment of Malaria.

According to Boinet (*Le Progrès Medical*, March 9, 1918), methylene-blue, if given in large doses, will relieve severe attacks of malaria even without combination of quinine. Methylene-blue is given for two days, in a daily dose of 50 cg., as soon as quinine is stopped. The latter still remains the specific for malaria, but its effect is much increased by methylene-blue which is indicated when quinine is of no effect or is not well borne. Methylene-blue is more effective in fresh than in chronic cases and acts as an excellent adjuvant to quinine when the parasite has acquired a resistance to the latter.

Aloes in the Treatment of Insect Bites.

Professor Pugnat (*Jour. de Méd. et de Chir. prat.*) made several experiments with aloes in the treatment of insect bites

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and obtained such good results that he considers this fact to be of material benefit to all exposed to mosquito bites. He uses a solution saturated in alcohol [the tincture will do. Ed.] rubbing the place well with a pledget of cotton soaked in the solution or with the wet end of the cork of the bottle. No local or general reaction is produced, neither swelling, redness or pain, but it is important that the application is made as soon as the bite is felt. The writer who is very sensitive to wasp stings, was stung in several places on his right hand, but the speedy application of the tincture of aloes prevented the usual effects from appearing. The writer claims equally good effects from the use of the tincture of aloes in stings from bees and other poisonous insects.

Syphilis and Epilepsy.

In the etiology of epilepsy syphilis has long been incriminated as an important factor. Altho epilepsy may follow the remote cortical degenerative effects of lues, it is hard to indict this malady as the sole causative agent. Therefore no pains should be spared to determine definitely by serological test the presence or absence of syphilis in any suspected case of epilepsy, even of syphilis.—*Clinical Medicine.*

Ulcers of the Mouth and Throat.

In ulcers of the tonsils, stomatitis, and all sores inside the mouth, the mouth should be kept as clean as can be with an alkaline wash. Sore spots should be touched at once with solution of either nitrate of silver or zinc chloride. If neither of these is at the hand, iodine or alcohol will be effective. The sore throat should be gargled frequently with a solution of sodium bicarbonate or sodium salicylate. For sores in the mouth chlorate of potash locally and internally is useful. Saline cathartics are indicated.—*London Med. Times.*

Argyria.

A man used injections of 10 per cent. argyrol to treat gonorrhea. About three weeks after he began using it, he noticed the backs of his hands becoming discolored, and in six weeks the skin of the whole body had a muddy tint, and nose, cheeks, thighs and hands showed a marked bluish discoloration. The patient used the injections three times daily, retaining the fluid for five minutes. It is possible that there was some abrasion in the mucous membrane thru which the absorption took place.—*Jour. Cut. Dis.*

A Case of Twin Pregnancy; One Child a Monster.

A IV-para, 35 years old, when admitted, October 13, 1917, had the cord prolapsed, the cervix four fingers dilated and the vertex presenting. A version and breech extraction was done

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and a normal baby, weighing 2200 grams, was delivered. The abdomen remained greatly distended, and as there seemed no reason for waiting, the membranes were ruptured and a large amount of liquor amnii allowed to escape. The second fetus presented by the breech and was easily extracted. It was a headless monster, weighing 1420 grams, and died about an hour after birth. An examination of the secundines showed two distinct placentae and sacs. There were no abnormalities in the placentae. The sex was the same in both fetuses. The mother and baby were discharged in good condition.—DR. GEORGE W. KOSMACK, *Med. Rec.* 1. 5, '18.

Congenital Absence of the Testicles.

An editorial in *Med. Rec.* (Jan. 5, '18) notes that anorchia or absence of the testes is such a rare condition that but six cases are on record and none since 1860. Wildbolz is quoted as having just reported the seventh case (*Correspondenz-Blatt für Schweizer Aerzte*). The patient was 20 years old and had never passed thru puberty. Secondary sexual characteristics were absent. The stature was 5 feet 9 inches; the mentality was normal; the hips were broad; there was considerable deposit of fat in the abdomen and breasts; the configuration suggested that of the opposite sex. The head hair, however, was masculine. The penis and empty scrotum were extremely small. The prostate and vesicles were absent. There had never been libido, erections, or emissions. After the patient had been etherized and the inguinal canals laid open, a well developed cord and vas deferens was discovered. A minute nodule at the extremity proved to be that of epididymis. The patient had enjoyed uninterrupted good health; neither mumps nor other infection had ever existed. The case was regarded as one of primary aplasia without any endocrinic component; and the habitus as asexual and not feminine, the patient being technically not a eunuchoid.

Osteopsathyrosis.

With the term osteopsathyrosis (Greek: osteon-bone. Psathyros-fragility) we designate a condition of extraordinary fragility of bones occasionally found in babies. It is easily confused with the disease of children known as rickets. The difference between the two is that in rickets there are usually other widespread abnormalities of the skeleton, while in the defect here considered the skeleton is perfect save for the unusual brittleness. Cases are not rare in medical literature. One case is on record of a pair of twins, one of whom showed at birth this defective condition of the bones, while the other did not. Inevitably, therefore, we must suspect that the abnormality is not due to anything in the condition of the mother, for in that case both the children should have been affected. Nor can it be due to anything in later life, for we

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find that the child's bones are sometimes broken at birth. When we find, moreover, that the appearance of this condition is not haphazard, but that it runs in families, we are driven to the conclusion that it is not a result of any environmental conditions... So far, one fact, at least, seems settled, namely, that heredity is the only important etiologic factor in bringing about this condition. One other fact is worthy of note: this bone abnormality seems usually if not always to be associated with a blue color in the "whites of the eyes." ...This abnormality of the eyes appears to be heritable and dominant, but as to why it should be associated with brittleness of bone we have no information at present.—*Journal of Heredity.*

Skin Grafting.

George W. Crile (*Man—An Adaptive Mechanism*) has observed that in cancer, skin grafts from the patient himself are far more successful than skin grafts from another individual. Even in the absence of disease, skin grafts from another part of the same individual grow better than grafts from another individual. The writer cites Carrel who has shown conclusively that, in some instances, organs transplanted from the body of one animal to the body of another of the same species may undergo histologic changes. Most transplanted kidneys are broken down in time. Lexer's brilliant surgical feat of transplanting entire knee joints from one human being to another showed later that the transplant gradually disappeared and was replaced by a new structure identical in form and bulk with the transplant, but actually the result of cell multiplication by the host organism. Thus we have experimental and clinical evidence that normal individuals of the same species may possess slight chemical differences.

The Third Headless Monster by the Same Mother.

Dr. Herbert Thoms (*J. A. M. A.*, 1.5.18) records a case of anencephaly in which the mother had previously given birth to anencephalic monstrosities. The patient, aged 25, married five years, was in labor on October 24, 1917. This was her third pregnancy. The family history was negative; there was no history of monstrosities in either the patient's or her husband's family. A Wassermann test of the maternal and paternal blood was negative. Both were members of large healthy families and there was no blood relation. The first pregnancy terminated at seven months spontaneously and a dead anencephalic monster was born. The pregnancy was accompanied by hydramnios. The second pregnancy was also accompanied by hydramnios with premature rupture at the seventh month. She was put to bed for two weeks at the end of which a macer-

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ated anencephalic monster was removed from the uterus. In both the pregnancies the fetal movements were felt but seldom by the patient. There were no puerperal complications. The menses began at 15, occurred regularly and were free from pain. The last menstruation was Jan. 1, 1917. The fetal movements were felt early in July. Confinement was expected Oct. 8, 1917. The health of the patient during the present pregnancy had been good. On admission she stated that the bag of waters had broken twelve hours previously and that pains had started soon afterwards. Rectal examination was unsatisfactory; a vaginal examination showed a relaxed perineum; the vagina negative, os fully dilated, membranes ruptured. Deep palpation by the vagina was made, and the fingers slipped readily into the fetal mouth. In the absence of cranial bones, a diagnosis of anencephaly was made. The patient was etherized and an easy version and extraction performed. There was no hemorrhage, the perineum was not torn; placenta and membranes were complete. The fetus was stillborn. A typical picture of anencephaly with complete spina bifida presented itself; cranial vault and scalp being absent, and this portion of the head covered by thickened dura mater. The body was that of a well formed male child. The puerperium was uneventful, and the patient left the hospital on the fourteenth day. A microscopic examination revealed no evidence of placental syphilis. — Now just why should this mother with good heredity on all sides give birth 3 times in succession to headless monsters?

Summer Diarrhea due to Infection and Not to Heat.

Dr. John Zahorsky (*A. J. Dis. of Children,* June, 1918) asserts that diarrhea occurring in infants during summer is an inflammatory enteritis of infectious origin and not due to the heat.

During the summer of 1917 the writer made a microscopic examination of the stools of 85 infants suffering with diarrhea. In all the severe and toxic cases pus was demonstrable in the stools which according to his theory shows that these cases were due to an infection of the solitary follicles in the upper part of the colon or the ilium. He bases his hypothesis on the assumption—"clinical axiom" he calls it—that the presence of pus cells indicates an infectious process. In the majority of the cases the infection could be traced to unboiled milk or ice cream. Flies seemed to be factors in two cases. Evidence of contagion was found in three instances.

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Of General Interest

A Decree against Syphilis in Mediaeval Paris.

The *Brit. M. J.* (Dec. 29. 1917) quotes Dr. Henri Bouquet who has unearthed a decree of the Paris *Parlament of* March 16, 1496, relative to the prevention of the "great pox". The date of the decree is only four years later than the discovery of America and the supposed importation of syphilis into Europe. It sets forth that for two years the disease had raged in Paris and other places in France, wherefore the Bishop of Paris, in association with certain royal officials, was commissioned to devise measures for checking the scourge. A proclamation was made by the public crier in the King's name that all men and women suffering from the disease who were not residents of Paris should within twenty-four hours go forth from the city to their native place or elsewhere, *under penalty of the hangman's rope.* All such persons were to be given four *Sols parisis* as they passed out by the gate of St. Denis, with a strict injunction not to return till they were completely cured. Paris residents were to be confined to their houses and forbidden to go about the city under a like penalty. Poor persons who had no homes were to be isolated in houses hired for the purpose. Women were sheltered in separate quarters. The patients were not allowed to hold any communication with people outside; breach of this regulation was punished by imprisonment and corporal punishment. This ordinance could not have been very effective, for on June 25, 1498, the prohibitions were reissued under the penalty of being cast into the river. This decree may be taken as a record of the first failure of legislative repression. It also shows that syphilis must have been causing terrible ravages in the city of lights, to call forth such severe punishment.

The Menace of Syphilis of Today to the Family of Tomorrow.

Dr. J. Harper Blaisdell (*Boston Med. and Surg. Journal*) gives a study of detailed cases of syphilis among married and unmarried persons to show the menace of the syphilitic to the clean living public. Among thirty families, less than 10 per cent. of the husbands escaped the infection. Four died with syphilis a contributing factor. Two suffered with insanity. Twelve out of a possible twenty-five were not taking any treatment. Twenty-eight out of thirty of the women were infected, and the remaining two probably had the disease. There were 132 definite pregnancies in these thirty families. These resulted in only 23 healthy children, the large majority of whom were born before infection entered the family. In the writer's opinion, the early syphilis of to-day can be well depended upon to furnish the family syphilis of to-morrow. Syphilis is usually acquired by the unmarried of both sexes in early adult life. Among 236 single men, 212 had

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early or secondary syphilis, and 172 contracted the disease before their thirtieth year. Only 35 single women came to the clinic, that is nearly 85 per cent. less than the group of single men. It is reasonable to assume that the other infected women were going about without any treatment, spreading the disease broadcast. The writer thinks that bringing under medical supervision the relatively large number of single women, now apparently under no control, would go a long way toward removing active foci of infection and minimizing the danger to their future husbands and children.

Some Sayings.

To the passions one owes the best things of the mind.

Great thoughts come from the heart.

We should comfort ourselves for not having fine talents, as we comfort ourselves for not having fine positions; we can be above both by the heart.

Who can bear all, can dare all.

Envy is confessed inferiority.

Few sorrows are without remedy: despair is more deceptive than hope.

Woman Rated by a Woman.

Wherever woman happens to find guidance, she is obedient. This is true not only of the good, but also of the bad woman.—LAURA MARHOLM.

A Curious Case of Masturbation.

In the *Med. Record* (vol. 19, p. 336), Dr. H. reports the confession of a cultivated gentleman of high moral character, father of 3 healthy children, the result of an unusually happy marriage. At an early age he had acquired a taste for female pursuits and even attire. As he grew older his fondness for female dress increased. At the age of 21, he began to use corsets and to lace tightly. From fear of impotence that might result from masturbation, he carefully avoided voluntary discharges of semen and remained perfectly continent before marriage. He recalled, however, having had an unvoluntary emission while putting on a pair of very tight ladies' boots with French heels. These he boldly wore upon the promenade in fine weather, with pants elevated to show the heels. In bad weather he was wont to put on these boots in front of a big mirror. This seldom failed to produce not only an erection, but also an emission. Ladies' boots and corsets had always a most peculiar infatuation for him. At length he bought a black silk dress which he made to fit him very tightly. With heavily padded chest, tightly squeezed waist, his feet crowded into the most uncomfortable boots, he would walk for miles, or dance for hours with great pleasure. He never used his disguise for improper purposes, except to excite an occasional emission. Many times he swore off, but in vain. Sometimes he would remain free from his

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peculiar vice for weeks and months, when it would return with renewed vigor. The writer found him eating largely of animal food; nitrogenous food alone suited his palate. He used no stimulants except weak tea and coffee. The writer gave bromides for a while and at length "hoped" to conquer the habit. [What magic virtues are ascribed to "bromides" by our naive physicians! Ed.]

Transmission of Sex.

Sex is a sharply segregated quality; an individual is either male or female. The fact that in the higher animals, at any rate, the number of sexes born are very nearly equal suggests that the germcells of one parent are all of the same kind while those of the other are of two species. There is some evidence to indicate that the germcells of the female are of two kinds, while those of the male are all similar. If so, a female carries both male and female characters, while a male is exclusively male. The sex of any one offspring is determined solely by the chance whether one of the germcells of the male meets a male or female germ-cell of the female.—WHETHAM: *"The Family and the Nation."*

Woman's Muscular Power.

From a study of 45 college women which was undertaken in order to gain information regarding the muscular strength of woman, C. D. Mosher and E. G. Martin (*J. A. M. A.*, 1. 19. '18) feel justified in drawing the conclusion that "there is no difference in the muscular strength of women and men which is due to sex as such. Such differences as are frequently found are due to differences in the use of the muscles, brought about by conventional limitations of activity or by dress." "....There is no reason why the potential power of woman may not be used without danger of lessening her racial efficiency....."

Sleep Not a State of Unconsciousness.

That sleep is not the cessation from consciousness it is often thought to be, is perfectly apparent from the simple fact of dreams which are undeniably *some* form of consciousness, chaotic and fugitive tho they may be. Sleep is "nature's great restorer" simply because we pass therein into *another state* of consciousness which by its passivity completes the arc of our daily activity. But we hould not construe passivity as a void or blotting out of consciousness. It is merely another plane of an action affording scope for more relaxed phases of thought and sensibility than those normally expressing themselves in our waking state.—ELIZABETH SEVERN: *The Psychology of Behavior.*

Communicated Insanity.

In his Clinical Lectures on Mental Diseases, Dr. T. S. Clouston says that there is a very curious condition of brain in some persons which renders them liable to become insane by suggestion from others. They are then said to be affected by

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communicated insanity, or folic à deux. The writer knew two old maiden sisters who lived together a lonely unsocial life and who became possessed by the same delusion, the one "catching" it from the other.

The Proper Frequency of Sexual Intercourse.

The ancient Hindoos recommended to men sexual abstinence of long duration, thinking that by this means the internal secretion of the sexual glands would be absorbed into the system, and that they would thereby reap all the benefits inherent in such a secretion. According to the prophet Mohamed, sexual intercourse should not be more frequent than once in eight days. Zoroaster recommends once in nine, Solon and Socrates once in ten, and Moses eight days before and eight days after menstruation, and Luther twice a week. The Talmud recommends the following in respect to marital intercourse: Young strong men, every day; workmen, once a week; mental workers, once a month. Acton advises copulation once only in from seven to ten days.—LORAND.

Influence of Psychoses on the Genital Functions.

Psychoses may arise quite independently of the genital functions, and, nevertheless, be associated with anomalies of those functions. Thus it is quite common to see amenorrhea in association with insanities—indeed some alienists describe an "amenorrheal insanity," but most authors look upon the amenorrhea as a concomitant phenomenon and not as the cause of the mental derangement.

....Religious manias may lead to ideas which fill the patient with abhorrence of sexual intercourse, and in this way directly interfere with the genital functions. There is, indeed, no doubt whatsoever that the mind influences function just as function influences the mind; for example, it has been shown that fright leads to an immediate increase in the output of suprarenin, and we know well from constant clinical observations that hypothyroidism leads to mental depression.—Dr. W. BLAIR BELL: *"The Sex-Complex."*

Mental Differences.

....The exceptionally defective and the exceptional genius are more common among civilized than among primitive peoples. Similar features undoubtedly meet us in the study of sexual differences. The average results of various tests of mental ability applied to men and women are not, on the whole, very different for the two sexes, but the men always show considerably greater individual variation than the women. And here, at all events, the relation between the frequency of mental deficiency and genius in the two sexes is unquestionable. Our asylums contain a considerably greater number of males than of females, as a compensation for which genius is decidedly less frequent in females than in males.—DR. CHARLES S. MYERS (of the University of Cambridge, England): On the *Permanence of Racial Mental Differences.*

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A Few Formulas

The Pyrexia Stage of Malaria.

1. ℞ Quininae Sulph. .....gr. x
   Acid Sulph. dil. .....m. x
   Aq. ad .....℥ ss
2. ℞ Sodii salicylatis .....gr. x
   Aq. ad .....℥ ss.

Nos. 1 and 2 to be mixed immediately before taking, and repeated three times a day.

The quinine salicylate thrown down is more easily absorbed than the pure drug, and the sodium sulphate formed acts as a slight aperient. This combination is retained in many cases in which the acid mixture is not.—*The Practitioner,* Dec. 1917.

Inflammatory Dermatoses.

Excellent results were obtained in the treatment of inflammatory dermatoses after the passing off of the early acute stage, by the following ointment:

Sulphur, pure precipitated..... 2 grams
Camphor ..... 6 grams
Oil of sesame .....10 grams
Oil of cade .....10 grams

These are warmed together gently on a water bath until solution is complete, and then are added 10 g. each of tar and eucalyptol, 15 g. each of zinc oxide and carbonate of bismuth, and 15 g. each of lanolin and vaseline.

Acute or chronic eczema, dermatitis due to external agents, irritated psoriasis, the eczematous effects of itch and sycosis are all greatly benefited by the use of this preparation.

—Louis Bovy (*Le Progrès Méd.*).

Injection for Hemorrhoids.

℞ Phenol .....dr. 2
Salicylic acid .....dr. ½
Borax .....dr. 1
Glycerin .....oz. 1

M. Inject 3 to 10 drops into the pile. Dilate before and after operating.—*Ind. Med. Record.*

Pyorrhea Alveolaris.

This mixture has been found to be a remarkably powerful cleansing and astringent agent:

℞ 5% trichloracetic acid,
2% adrenalin chlorid solution.
25% normal salt solution.
68% H_2O_2

[An incompatible combination. See next issue.]

—*Dental Items of Import.*

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The Professional Secret.

Dear Doctor Robinson:—

I have just finished reading your editorial on "The Professional Secret and Venereal Disease."

In connection with this you will doubtless be interested in knowing that we have had a law on our Statute Books in Ohio for two or three years, providing for just such disclosures, as you suggest has been introduced in the Legislature in Massachusetts. Whether it has ever been necessary to invoke this provision of the law, I do not know, but it is certainly a club for the physician to have in his hands.

Human nature is queer: A number of years ago a prominent New York specialist informed me of the fact that he was treating a young man for venereal disease, and that he knew his patient was engaged to be married to a Columbus young lady, and that he was insisting on getting married in spite of the protests of his New York physician. I knew the family of the young lady quite well, and I also knew their family physician who was one of our very best men. He and I discussed the matter, and the facts were finally laid before the father of the young woman. He was greatly shocked, and went East to make a personal investigation. I am not familiar with any subsequent details, except that I know the engagement was annulled. Some year later, however, the attending physician told me that for some reason he had never been called into the family again.

With kindest regards,

Very sincerely yours,

Columbus, O. J. B., M.D.

My dear Dr. Robinson:—You are beyond all question the master in your chosen field, and your work is changing the history of the world—and the future of our children shall be finer and sweeter and happier because of the work you do, so you do not need to be discouraged. There is a fringe of promise upon the western hills. CHAS. W. RUSSELL, 2029 Ellis Ave., N. Y. City.

I find I cannot afford to be without THE CRITIC AND GUIDE and wish to add my appreciation of the good being done thru the fearless expression of truth by Dr. Robinson, thru his books and periodicals. May he have many years to carry on his great work for humanity. HARRIET C. REID (Mrs. Robert J. Reid), 2415 N. 65th St., Seattle, Wash.

Dear Doctor Robinson:—It is a very great pleasure to hand you the enclosed cheque with my thanks for the good things you give us in your journals. Yours sincerely, JOHN DOVER, M.D., 19 Chalfont Court, Upper Baker St., N. W. 1, London, England.

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THE MEDICAL

Critic and Guide

Incorporating the

Dietetic and Hygienic Gazette, Physicians Drug News & Office Practitioner

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00 Single Copy, 20c. Foreign, $1.50

The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Volume 21. NEW YORK, SEPTEMBER, 1918. No. 9.

Publishers' Notice.

On January 1st, 1919, the subscription price of **The Critic and Guide** will be $2.00 per annum, $5.00 for three years and $15.00 for life. All new subscribers will have to pay that price, but our old subscribers can take advantage of the present rates and remit **now** for as many years in advance as they wish **at $1.00 per annum** or $10.00 for life. We feel certain that even at $2.00 per annum **The Critic and Guide** will give as good value as **any** journal published and better value than most. But we wish to give our old subscribers who have supported us in the past the advantage of the old rates.

Editorials and Editorialettes

The Critic and Guide: A Word of Introduction.

As this issue of THE CRITIC AND GUIDE will reach a number of new readers and subscribers, a word of introduction will not be amiss. It may save misunderstandings.

THE CRITIC AND GUIDE is distinctly and frankly a personal journal. Rightly or wrongly, the Editor believes that he has a valuable message for the world and THE CRITIC AND GUIDE is his medium thru which he addresses those who are willing to listen to him, on a number of different topics. While primarily a medical journal, it is intended for the physician who looks at his profession as something better than a mere trade, who is interested in something more than magnesium sulphate, mixture of rhubarb and soda, tincture of nux vomica and unguentum hydrargyri. It is intended for physicians who believe that besides being physicians they are also human beings, and that the patient besides being sick is also human.

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The Editor's favorite motto has always been: *Homo sum et nihil humani a me alienum puto,* and besides medicine he is interested in a great number of subjects. And whatever he is interested in he writes about, hoping that his readers will also be interested in it, but not caring particularly whether they are or not.

The Editor was the first one systematically to advocate birth control, individual venereal prophylaxis and a rational attitude towards sex education and towards our various complex sex problems. He has always been emphasizing the relationship and interdependence of medicine and our social economic conditions, he is a great believer in rational eugenics, in free speech and free press and the universal brotherhood of man. And he loathes and despises moneymaking mountebanks of the Billy Sunday type. And he does not admire "big stick" statesmen and he hates newspapers, renegade radicals, hoodlumism, cruelty and unkindness of all sorts. And of all these things he likes to write and to commune with his readers. And he treats all these various topics, so he is told, in a readable interesting manner. At the same time the medical part is not neglected. But instead of devoting the journal to rare diseases, which the physician will most likely never encounter, or to such well known diseases as typhoid, pneumonia and meningitis, which are well described in every text book, he prefers to pay special attention to the minor ailments and discomforts which are met with almost every day and which are neglected both in the colleges and in our textbooks and medical journals.

One more thing: The editor prefers to use the honest and unequivocal first personal pronoun singular to the hypocritical "we."

If knowing all this, you are willing to become a regular subscriber, we shall be glad to have you on our list. We might add that not only intelligent physicians, but clergymen, lawyers, dentists, pharmacists, nurses and social workers in general find THE CRITIC AND GUIDE both useful to them in their work and interesting.

This is the **189th** consecutive monthly issue. Many people have cussed us, but nobody has accused us yet of being dull.

A Peculiar Divorce Case.

Mr. McConnell married Mrs. McConnell on the 6th of November, 1916. On November 17th, that is eleven days later, he developed a gonorrhea. He testified that he had never in his life had intercourse with any woman prior to his marriage and none after his marriage except with his wife. So that he was sure that the infection was given him by his wife.

She finally admitted that at the time of their marriage she was suffering with gonorrhea. On that ground the husband sued for divorce. The husband did not claim that the wife had sexual

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relations with anybody after her marriage to him. And for that reason the divorce was refused, and he still has to be the husband of Mrs. McConnell and continue to support her. The reason the Judge (Judge Evans, April 11, 1918) refused the divorce was that as she had no sexual relations after marriage she was not guilty of adultery. Having relations prior to marriage is merely fornication, and fornication is not ground for divorce.

It seems rather tough on Mr. McConnell. He certainly has a right to feel aggrieved never to have experienced sex relations and to be infected on the very first night by his lawful wife. But after all, isn't this something that we witness every day, only with the rôles turned about? How many wives become infected during their first marital experience and do not even think of suing for divorce? Once in a while we are permitted to get a glimpse of poetic justice even in our courts.

A Course in Forgetting.

Several concerns are advertising Memory Courses. Some promise to increase your memory 100 per cent. in one evening and 1000 per cent. in six days or six months—I forget which. And all for five dollars. A very good thing if it can be done, for some people do have abominable memories.

But will anybody invent a course which will teach people how to forget? Such a course would have an enormous demand, for in many cases it is much more important for the person's welfare, for his health, for his peace of mind, for his very life, to possess a good forgettery than a good memory. And the tragedy of it is that it is just the silly, shameful and unpleasant things that the person would like to forget that he can't forget, that stick indelibly in his memory. And here by the way is where the Freudians make one of their most colossal blunders; they assert that we forget the things we want to forget when just the contrary is the case; but this does not belong here. It is another story.

Will anybody invent a Course in Forgetting? Even at one hundred dollars per course there would be many purchasers.

"Ten Days' Women" as Nurses.

If you are inclined to become too pessimistic about the present, and the Lord knows there are enough things to be pessimistic about, all you have to do is to compare things with those of forty or fifty years ago. And you will be pretty sure to be cured of your pessimism. It is an almost infallible remedy. It generally works in my case and there is no reason why it should not be just as effective in yours.

There are many things to criticize in the management of our public hospitals. But if you should compare the hospitals as they were conducted half a century ago you would think that our present institutions are little paradises. It is hardly possible

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to believe that as late as 1872 there was no such thing as a trained nurse in this country, and the nursing in Bellevue Hospital was in the hands of what was known as "ten days' women." If you are inclined to think that "ten days' women" referred to women who took a training in nursing for a period of ten days you are mistaken. "Ten days' women" referred to women who were sent to Blackwell's Island, usually for ten days, for drunkenness. And it was those women of the lowest class, often stupid, often depraved and always ignorant and illiterate into whose hands all the patients were put. Of course they were not only utterly unfit as nurses, but they were a real danger. Because frequently intoxicated, they were apt to give the wrong medicine or the right medicine in the wrong dose. And Dr. Stephen Smith tells us in his reminiscences that they didn't dare to give into the hands of those nurses any drugs which contained alcohol. *For they usually drank all those medicines themselves.* Not only that, but they would even drink the alcohol from the jars *in which morbid and postmortem specimens were kept.* And those were the "nurses" who held in their hands the fate of all the medical and surgical cases of Bellevue Hospital! Quite lovely, wasn't it? And even the worst pessimist will admit that the present day trim, self-respecting, trained nurse is quite an advance over her former ten days' sister.

And this brings me to another point.

When rumors of a training school for nurses established by Florence Nightingale in London penetrated this country, it was decided to investigate and a physician was sent over to London. He reported very favorably on that school, and it was suggested that a similar training school be established here. Alas! The majority of the Advisory Committee of the Medical Board opposed the establishment of such a school on the ground that it would be dangerous to have medically educated nurses in care of their patients! They thought that such nurses might interfere with their prerogative. Finally however the better sense prevailed and one ward in Bellevue Hospital was assigned for the education of trained nurses under the instruction of a nurse sent over by Miss Nightingale.

There has not been a progressive step that was not at the time opposed by the "majority" of the medical profession. And the progress that we do make is made not because but in spite of the majority. The majority as you know is generally wrong.

Yes, things are pretty bad now, but when compared with what they were twenty-five, fifty or one hundred years ago, we cannot help feeling that after all we are progressing.

A Horrible Example of Syphilitic Infection of a Family.

In French literature we now come across very frequently cases of havoc caused in families by soldiers returning from the front on a furlough. Here is an example reported by E.

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Jeanselme and Mme. Chatelain, where the heroic soldier's return to the bosom of his family caused six members to be infected with syphilis. The family consisted of father, mother, and *ten* children, and the cause of the infection was the husband of one of the daughters. His wife, aged 28, presented a chancre three weeks after the return of her husband from the front. She soon developed a typical roseola and intense headache.

At the height of the secondary stage she suckled her baby born a few days after her husband's return. She has erosive syphilides on both breasts and her infant son developed buccal syphilides and then anal lesions. The baby was weaned about the age of ten months. The grandmother, aged 49, often gave the bottle to the child, testing the heat of the milk by putting the nipple in her mouth. The lesions as a result first appeared in the grandmother's mouth, the chancre apparently being situated on the left tonsil. This woman still presents active buccal syphilides.

A sister of the soldier's wife had given birth six months before to a perfectly healthy child. This child, often entrusted to the care of its aunt and grandmother, was infected by them. The primary lesion was in the palate and was rapidly followed by a roseola and mucous patches in the mouth. This child was nursed by its mother, who was also contaminated, and at the present time still has a hard chancre at the base of the right nipple.

Finally, a 14 year old sister of the two mothers, who was looking after the babies and tasting the food she gave them with their spoons, developed in her turn mouth lesions and cutaneous syphilides.

The family still has three uncontaminated members. One girl, however, aged 12, is sleeping in the same bed with her sister aged 14, who is infected, and there is little chance of her escaping.

We trust that we will have no such experiences in this country, but it certainly should be made an ironclad rule *not to give any furlough* to any soldier or officer suffering from venereal disease in the infective stage, nor should any soldier be discharged from the army as long as he is suffering from gonorrhea or lues in the first and second stages.

If People Did Not Have to Do Things.

There are no *unique* specimens in mankind. The "uniquest" specimen has thousands of counterparts. And when a normal man speaks frankly and truthfully of himself, he speaks of or for millions of human beings. "He who speaks of himself speaks of all humanity" may be an exaggerated statement, but it is based on a great truth.

I chafe under restraint. I *hate* to do what I *have* to do. As I have to do it I do it, but it is not so well done as it would

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be done if I did not have to do it. And the peculiar thing is this: I have very few externally imposed duties—perhaps none at all. All my duties are self-imposed. And nevertheless I chafe under them and I have to force myself to accomplish the appointed task. During July and August, my vacation months, in spite of the heat to which on account of my well-padded condition I am very sensitive, I do more writing than during any other two months in the year. Why? Because I know that they are my vacation months, and that I have a moral right not to do a thing if I don't want to. I know that I am entitled to be idle. And just because I am entitled to be idle and have a moral and well deserved right not to do a thing, I laugh at the rules of the Union and work eighteen hours a day. Here now it is long past midnight, and it is close and stuffy, and I am sitting here fully dressed—in our common ancestor Adam's costume,—and am writing away. And as soon as I finish this editorial I will take a cold plunge, and will go back to work. The other ten months in the year I know that it is my moral duty to work: to attend to the practice, to get out the two journals on time, to write a book or two—and hence the irksomeness and the necessity of whipping myself to do the work, and the resulting occasional—let us hope only occasional—slouchiness that you may notice in my writing.

I have an idea that if people did not have to do certain things they would do them better, and would do more of them. Of course you may believe that people are naturally lazy, and if they were not forced to work by the specter of hunger, they would not do a thing. May be you are right. But you know I do not believe in people's natural laziness. I do not believe a healthy individual could bear it to be perpetually idle. When a person is lazy it is because he is sick, his endocrine glands do not work properly, or his work is extremely distasteful to him. Otherwise, people enjoy their work. Of course, it is possible that very few people would be found to fall all over themselves in their haste to do the pleasant work of cleaning sewers, or digging subways, but a way would be found to accomplish even those tasks.

But whether I am right or wrong about people in general, I do know that *I* chafe terribly under restraint and self-imposed duty, and I do the most work and the best work when I don't have to do any. When I have to prepare matter for the current issue of The CRITIC AND GUIDE, especially if the damn printer hurries me, and phones that he must have copy or the issue would be late, then I have to use great will-power to compel myself to write, and I delay to the last minute. But when I am thru with the current and perhaps with the following issue, and know that I have thirty or sixty days of freedom, then I sit down and write or dictate in one or two days enough editorials and articles for several issues. So am I, and I imagine so are thousands of others.

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And now I will go and take a cold bath, for the humidity is unbearable.

* * *

After the bath.

"That man never gets tired writing about himself. It is always I, me, myself. Perfectly nauseating." Why is it nauseating, my dear fools? Why is it more nauseating to speak of oneself than it is to speak of others? Is there anybody in whom I can find as much interest as in myself or is there any human being whom I know as well as I do myself? We may not know even ourselves. We seldom do fully. But we certainly know ourselves better than we do others. The springs of action of other people are generally completely hidden from us. And if you had not been so untruthfully and hypocritically brought up, you would, *everyone of you,* confess that the person you are most interested in is yourself. *It cannot possibly be otherwise.* Can you possibly be as interested or concerned in somebody else's toothache or stomach cramps or renal colic as in your own? That is, can you feel the same kind of pain? And just as you cannot possibly feel other people's physical pain as you can your own, so you cannot be as interested in and understand other people's thoughts, feelings, mental pleasures and agonies as you can your own. It is the one fundamental unbudgeable law of nature to be interested in oneself more than in others; but to be so interested does not mean to be egotistic, in the vulgar sense of the term, and a person most deeply interested in himself, admiring and respecting and loving himself, may on that very account sacrifice his comforts and his life for the man or woman or children he or she loves, or for a great cause.—And now to bed.—

The Tonsils and the Sex Glands.

The intimate, one might justly say mysterious, connection between the parotids and the gonads, both in the male and female, is well known. A slight, even trifling, inflammation of the parotid is sufficient to so change the character of the testicles or ovaries as to make the man or woman sterile for life, to destroy their dearest hopes of leaving a descendant. A parotitis may even cause atrophy of the prostate, a fact to which the editor was first to call attention.

Is it so very fantastic to believe or to assume that the tonsils may also have something to do with the testicles? And is the fear altogether groundless that a *complete* removal of the tonsils in infancy— tonsillectomy and not tonsillotomy—may interfere with the proper sexual development of the boy or the girl, particularly the former? If one had been told twenty-five years ago what we know now about the marvellous far-reaching effects of the ductless glands, there would have been a tendency to scoff and sneer. We are not even sure that the tonsils may not pos-

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sess an endocrine secretion of their own, and a possible relationship between the tonsils and the sex glands is not so very far-fetched.

At any rate, I would advise the profession to be very, very chary about complete enucleation of the tonsils before puberty. We do not know how much we may injure our boys and girls.

That there is altogether too much operating on the tonsils and so-called adenoids is also true. But that is a separate story.

What Is Bipp?

No, Bipp is not a patent medicine, nor is it the name of the surgeon who introduced this method of treatment, which is claimed to be very successful in the management of all sorts of wounds. People are in a hurry now and are crazy for abbreviations, and "Bipp" is made up of the initials of Bismuth-Iodoform-Paraffin-Paste, the same as Socony stands for Standard Oil Company of New York. The formula of the paste is as follows:

Bismuth Subnitrate .....2 ozs.
Iodoform .....4 ozs.
Paraffin, liquid .....2 ozs.

The powders are first mixed in a mortar and then gradually incorporated with the liquid paraffin to make a paste. As the bulkiness or "voluminousness" of the powders as well as the consistency of the paraffin often varies, the quantity of the latter may now and then have to be increased or diminished a little, so as to make the paste of proper thick consistency.

The details of the Bipp treatment will be found in the Therapeutic Items department.

Don't Overawe Your Child.

Don't overawe your child. Make him respect you, but don't make him respect you so much that he is afraid of you. Of course, discipline is necessary. We all know that. But there is a vast difference between making a child behave and making him afraid. If fathers only knew how many children have been crippled psychically for life, have been made incurable cowards by false bringing up in which the instilling of fear was regarded as an indispensable ingredient! There are men without number, mature men, well-off and in every way independent, who are shy to the point of painfulness, who are overawed by the frown of a waiter, whose hearts flutter at the severe glance of a policeman, a flunkey, or a janitor, who cannot say No to any book agent, insurance agent, real estate shark, or any other schemer. They are often afraid of their own employés. They despise themselves for their lack of assertiveness, for their cowardice, but it is quite beyond their power to help it. The fear instilled into them in their childhood is still operative. As in childhood they were unable to offer resistance to their awe-inspiring father, so now they are unable to assert themselves

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in the face of any self-assertive person, even if they know that that person is utterly insignificant and deserves nothing but contempt.

As it is a sin to cripple a child's body with disease, so it is a sin to cripple its soul with fear. For fear is also a disease—one of the worst of diseases.

Tincture of Iodine in Orchitis.

A young physician got a case of gonorrhea to treat. Whether or not it was his first case deponent sayeth not, but from the method of treatment it looks as if it was. He tried to treat him by the irrigation method, with the result that in three days the patient developed a beautiful—beautiful from the text-book point of view, not the patient's—double epididymo-orchitis. It was extremely painful, the patient had to go to bed, which he could not afford. Anxious to relieve the patient as soon as possible, the doctor prescribed two ounces of tincture of iodine with instruction to the patient to paint "the testicles" every three hours. The result can be guessed. Practically the entire scrotal skin came off, the scrotum was so sore and sensitive that strapping was out of the question, nor could the patient stand the mildest ointment. And the pain and swelling in the testicles were worse than ever. Cold applications of Burrow's solution for three days healed the denuded scrotum and made further treatment possible. When I gently asked the physician what made him use such an irrational treatment, he answered that he got the prescription out of a Modern Formulary for Physicians. And I looked it up and there it was:

Tinct. Iodi ..... f℥j

Sig. Apply locally to swollen testicles.

This treatment is so stupid and injurious as to well deserve to be classified under the rubric of criminal malpractice. Apply locally to the testicle! One would think the testicle can be shelled out of the scrotum, painted over with iodine and put back again. The testicle is not adherent to the scrotum, and by painting the scrotum with iodine, you only make the scrotum raw without doing the epididymis or testes any good. Please bear that in mind. As to what is the proper treatment for epididymo-orchitis, that is another question.

Physicians' Formularies.

And the above case gives me the opportunity to say a few words about the various collections of formulas, which go under the names of Modern Treatment, Physicians' Manuals, Physicians' Formularies, etc., which are so beloved of the young practitioner, and not so very rarely also of the old doctor. Some doctors would rather sacrifice their entire medical library than to be a day without their book of formulas.

There are good, well considered and well tried formulas,

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and to them I have no objection, even tho they are "ready-made," "cut and dried." The outcry against the use of ready made formulas made by some soi-disant ultra-scientific physicians on the ground that each prescription should fit the individual case is not entirely free from hypocrisy—unconscious hypocrisy perhaps, but hypocrisy nevertheless. A good ready made formula thought out by a clever therapeutist and then tried clinically with good results is a good thing, and there is no objection whatever to using it in one's practice. But some of the formularies offered to the physician are a disgrace and an outrage. Their compilers, who are seldom experienced practical physicians, go thru the textbooks and medical journals, pick out a few formulas for each disease and slam them together in alphabetical order, without any critical analysis, without any examination for incompatiblities, without even making sure that they do not contain dangerous overdoses. And then those formularies are offered to the doctor as valuable guides to treat his patients by. Poor doctor, poor patients!

Lung Abscess Following Tonsillectomy.

At a clinic held at the Presbyterian Hospital, Chicago, Dr. Dean Lewis, Professor of Surgery at the Rush Medical College, demonstrated a case of abscess of the lung following tonsillectomy (International Clinics 1918, Vol. 2). He stated that during the past few months they had seven cases of lung abscess following that operation.

Some claim that *fully one-third* if not more of the cases of lung abscess are the direct result of tonsillectomy. Isn't it like jumping from the frying-pan into the fire, and should not our tonsillectomists hesitate a little before advising so nonchalantly the complete enucleation of the tonsils?

Don't Purge Yourself or Your Patient.

I have several times referred to the subject of cathartics, and I intend to do so again and again, for I consider the subject of considerable importance. The abuse or routine use of cathartics is a *real evil,* and is doing more damage to the health of the nation than anybody has any idea of. I have long noticed the weakening, depressing effect that a purgative produced on many of my patients, but I thought perhaps those were exceptional, isolated instances. I think so no longer. I am now sure that in very many cases a purgative—even if it be no more than a dose of Epsom salts—acts like a poison, *diminishing the quantity and deteriorating the quality of the blood,* irritating and distending the bowel, interfering with proper digestion for two or three days, and giving the person the blues.

Of course only fools will draw the conclusion that because I say this I demand that cathartics should never, under any circumstances, be administered. Now and then a cathartic is

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indispensable; and where general elimination is poor they may be life-prolonging. But I do mean to say most emphatically, that cathartics are ordered by physicians and are taken by people without physicians' orders about a thousand times more often than they should be. A cathartic is a real drug, and like all drugs, should not be ordered or taken without there being a clear indication for it.

And in this connection I want to give a brief extract from an important paper by Alvarez (an abstract of the paper appeared in the *J. A. M. A.* for July 13, 1918) on the subject of purgation before operation. Who knows how many people have lost their lives as a direct result of being purged before being operated on? While Dr. Alvarez's findings deal particularly with the effect of purgation before operations, they are just as applicable to non-operative conditions.

Dr. Alvarez is convinced as a result of experimental observations made on animals that purgatives should not be given before operations, because some of the purgatives owe their effects to the fact that they are *irritant poisons* that must be removed quickly from the body. (Italics thruout mine.) Others act by interfering *with intestinal absorption and by upsetting the balance of the salts.* In either case they bring about *pathologic conditions. The body is weakened and not strengthened.* The *dehydration of the body* and the upset in salt balance are bad, particularly before an operation in which there may be hemorrhage and vomiting. With magnesium sulphate, there may be an increased amount of fluid in the bowel to disturb those who want it empty. In operations on the colon, liquid contents are harder to control mechanically than are solid masses. *There is an increased growth of bacteria.* There is some evidence that there is *an increased absorption of toxins,* and *a greater permeability of the mucous membrane to bacteria.* Undigested food may be carried down into the colon to supply increased pabulum for the bacteria. *By weakening some parts of the bowel and making others more irritable,* the even flow of material from stomach to anus is rendered impossible. Whether from disturbances in mobility, in absorption, in the circulation, or in the bacterial condition, there certainly is a tendency to flatulence and distention....

This is only a part of Dr. Alvarez's indictment brought against purgatives, but sufficient to make the conscientious physician order purgatives and cathartics—particularly hydragogue cathartics—with caution and some hesitation.

Biting the Finger Nails.

The disagreeable habit of onychophagia or biting and chewing the finger-nails can in children, as a rule, easily be cured by painting the nails with a very bitter substance, such as tincture of aloes, fluidextract of quassia or a solution of quinine, to

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which a little acacia has been added, to give it adhesiveness. (Quininæ bisulphatis 3i, pulv. acaciæ 3i, aquæ ℥i. S. Paint nails with camel's hair brush).

But curing this habit of nail-biting is not enough. It is merely curing the symptom; for nail-biting is merely a symptom of a deeper lying nervous condition. While I am not ready to subscribe to the statement that nail-biting is invariably a symptom of degeneracy, I do believe that it is a sign of a neurosis or at least of nervousness, which demands attention. Some claim that it is usually a sign of sexual irritability and serves as a substitute for masturbation. If adults knew what significance some experienced physicians ascribe to nail-biting, they would not need to paint their nails with aloes, quassia or quinine to break themselves of the habit.

Quinine vs. Warburg's Tincture.

In stubborn chronic malarial conditions—perhaps paramalarial would not be a bad term—ten grains of quinine will not accomplish so much as will two grains administered in the form of Tinctura Antiperiodica or Warburg's tincture. The bitter stomachics and carminatives contained in the tinture increase enormously the action of the quinine, which, if given by itself, seems to be without any effect in certain chronic forms of malaria. Nevertheless some young doctors who have been brought up on the quite commendable dogma of "single" prescribing, will deprive themselves or rather their patients of the benefits of Warburg's tincture, because it contains too many ingredients. If we could only avoid going to extremes! Because many shotgun prescriptions are foolish and irrational it does not follow that a proper combination of synergistic remedies —and there are such things—is unworthy of our attention. Our young doctors particularly need to be admonished now and then that they must not walk so straight as to fall backwards.

And speaking of shotgun combinations are we so very sure that Zittmann's Decoction deserves complete oblivion?

Treatment of Obstinate Borborygmi.

A good many more people threaten to commit than commit suicide. But this fellow really seemed to be in a deplorable condition and he said that he came to me as a last resort and if I could not cure him he would commit suicide. (Of course this was in my general practice days.) He stated that he had been to nineteen or twenty different physicians and to prove to me that he was not lying or exaggerating he showed me a number of prescriptions from every one of them. His trouble was borborygmi which resisted all treatment—not only resisted treatment but seemed to be getting worse under treatment. The noise in his bowels was so loud that you could hear it at a distance and he was passing large amounts of wind

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per anum very frequently. His condition made him feel mortified and humiliated. He was the butt of his fellow workingmen and he lost and changed many position.

Practically all of the doctors had ordered purgatives and intestinal antiseptics and they laid special stress upon keeping the bowels open. I recognized that his bowels had been greatly weakened by the purgatives, had lost their tone, and told him not to take any laxatives whatever even if his bowels did not move for a week. His sphincter ani was also relaxed from the numerous purgatives. I strapped his abdomen with strips of adhesive plaster and prescribed ichthyol in 15 minim doses five times a day. As far as food was concerned I told him to eat anything he wanted and eat plenty. There was immediate improvement but no complete cure. I then prescribed in addition the following lovely combination:

℞ Ol. Terebinthinae 3iv
Bismuthi Subnitratis 3vi
Ol. Cajuputi 3ij
Ol. Erigerontis 3ij
Spir. Chloroformi .....℥j
Syr. Zingiberis .....℥j
S. 3j 4 times a day.

After three weeks of this treatment the man's borborygmi were completely gone. Later on there would be twice or three times a year a tendency to return, but two or three doses of the above combination would cut the trouble short.

Treatment of Uterine Hemorrhage in Young Girls.

You will surely not consider me prudish, and when a thoro vaginal examination is *clearly* indicated, it should be made without hesitation, even if the hymen has to be sacrificed. But I do not think that when a girl 14 to 18 years of age comes complaining of excessive loss of blood during the menses it is necessary at once to subject her to a vaginal examination. A vaginal examination produces a distinct shock on a young girl and sometimes leaves or leads to unpleasant consequences. The shock is great indeed if the hymen is ruptured. She no longer considers herself quite so pure and virginal as she was before. And besides what do you expect to discover in young girls' menorrhagias by a vaginal examination, with or without a speculum? But the principal point is this: menorrhagia in young girls, as well as in older girls and in women, can be treated and *cured* by purely medicinal means without a vaginal examination, and without curetting the womb or tamponing.

Hemorrhage from the uterus is a condition which readily responds to drug treatment. Ferrous sulphate, calcium chloride, ergot, cotarnine hydrochloride or phthalate, coagulose, pituitary extract—these drugs seldom fail to produce the desired result. General tonic and *chalybeate* treatment is usually indicated.

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Only if the above measures have been used without effect, should a vaginal examination be made, and if the hymen *has* to be sacrificed, it should be done, with the patient's or the patient's mother's consent, of course.

And what I said about menorrhagia also applies to leucorrhea in young girls. We can safely prescribe tincture of iodine and lactic acid douches without examining the patient. Only when these fail—they seldom do—should a vaginal examination with speculum be made.

The same also applies to dysmenorrhea. It is *not* necessary to examine every case. Prescribe uterine antispasmodics—only when they fail, should an examination be made, tho in most instances you will not learn very much from a vaginal examination.

Alexander's Paste.

Alexander's paste which some physicians prefer to anything else in the treatment of burns has the following composition:

Ichthyol .....1 dram
Olive oil .....3 drams
Woolfat (Adeps Lanæ) .....3½ ounces
Apply spread on sterile gauze.

Adherent Dressings—How to Remove Them Painlessly.

Were you ever operated on? No? Lucky for you. If you were operated, did you ever have the adherent dressing brutally pulled off with a sudden jerk? No? Luckier still. For believe me, while it lasts, it is one of the most painful things that you may have to undergo in your life. More painful than having a tooth pulled. And the pain is entirely unnecessary, for the worst adherent dressing can be removed simply and easily and without the least pain. All you have to do is to wet the dressing with the ordinary peroxide of hydrogen, the official Aqua Hydrogenii Dioxidi—beg pardon, its official name is now *Liquor* Hydrogenii Dioxidi. The peroxide quickly softens the dried up pus, blood, serum etc., and the dressing can be removed without the least trouble.

Don't mention it. You are perfectly welcome.

Popular Health Journals.

There was a time when I used to read the popular health journals pretty regularly in order to expose their false teachings, their ignorance, their quackery. Lately many other more important things have occupied my time and I paid no attention to them. As they encumbered my mail uselessly I even ordered them discontinued, tho they came free as exchanges. And I do not intend to take them up again as I have more important things to do. But a day or so ago a stray copy of "Health

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Culture" came in the office. It is edited by Dr. Elmer Lee. In former times I would have without any hesitation called Dr. Lee a quack and a charlatan. I am now more tolerant in my judgments, and I apply those terms only to people who deliberately mislead and rob the public, to men who know that they are ignorant, who know that they are cheats, but who pursue their work frankly and brazenly for the purpose of making money. People who are sincere I do not stigmatize as quacks and charlatans. And Dr. Lee I believe is sincere. He is only, and this I cannot help saying, terribly, woefully ignorant. He undoubtedly means well, but good intentions alone are not sufficient to entitle anyone to figure as a guide to people in medical and sanitary matters.

The first article in the journal, entitled "Cause of Cancer" is by Dr. Lee himself. It consists of forty-two brief paragraphs, and there isn't a *single one* among them that is not either entirely false, or silly, or meaningless. I am not speaking of the style, of the English, which is simply wretched. A man may have no style and write even ungrammatically now and then and still have good, useful ideas. But, I am referring to the so-called scientific part of the article. I could take the entire article and go thru paragraph by paragraph and show the absurdity of each. But that would take too much space, more than the subject is worth. A few examples will have to suffice.

"Every disease is acquired, no disease is inherited," says Dr. Lee.

How about syphilis? Have you ever seen a syphilitic child, born of syphilitic parents? Or have you not? If you have not, then you never could have had any practice. If you have, why do you say that no disease is inherited?

"Nature will not transmit disease, Nature is sincere."

Whatever Nature's sincerity has to do with it, I don't know. Nor do I know what Dr. Lee means by "Nature is sincere." But if Nature will transmit good, healthy, excellent qualities, why will Nature not transmit bad health and undesirable qualities?

"Cancer is clearly a gastrointestinal disease at its inception." "Cancer is preceded by disease of the stomach and intestines."

Both statements are false. We have known many cases of cancer of the womb, cancer of the breast, cancer of the larynx, cancer of the prostate, which had no gastrointestinal trouble whatever.

Dr. Lee does not believe that cancer is due to a germ. Neither do we. But we cannot be sure. It may be due to a germ. But Dr. Lee does not want any research in that direction. He says:

"It is plainly foolish to consume time and money in research for a germ cause of cancer."

Why is it foolish? How can we know? The germ cause of syphilis was also denied for a long time merely because the

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germ could not be found. But investigators kept right on until the germ of syphilis, the spirocheta pallida, was found.

Of course like all doctors of his kind, Dr. Lee is opposed to serums and antitoxins.

"Serum or antitoxin," says our editor, "is not better than a drug, and besides it is a form of modern treatment too strained, unnatural and dangerous to endure."

One almost feels like taking Dr. Lee by the ear, taking him to a children's hospital and letting him watch the wonderful results of diphtheria antitoxin. Or if Dr. Lee were unfortunate enough to get tetanus, I am sure he would not refuse a dose of antitetanic serum. It is used in enormous quantities around the trenches, and the military doctors watch things pretty closely. They wouldn't continue using it and clamoring for more if they did not see its wonderful effects in many cases. And the inoculation of whole armies with antityphoid serum by *every belligerent* nation in the world would not be kept up if the inoculations were shown to be of no value. No, Dr. Lee, serum treatment is not strained, unnatural and dangerous. The trouble is that you are about a century behind in medicine and in general knowledge. You are too ignorant to understand the real principle underlying the action of sera, antitoxins and vaccines.

"The new growth (cancer) probably is composed of an accumulation of white corpuscles and degenerated tissue."

What do you mean by "probably?" Have you never examined cancerous tissue under the microscope? And if not what right have you to talk about its composition, what right have you to misinform the public? A man who does not even know the fundamental principles of pathology has no right to discuss cancer.

"Cancerous disease will respond to commonsense treatment the same as other disease."

This is simply a lie. No commonsense will cure a woman whose uterus is cancerous, whose breast is a solid mass of cancer, nor will it cure a cancerous prostate or a cancerous larynx.

Dr. Lee is very strong for diet. And he recommends a diet composed of "fruit and vegetable, with enough fresh ground cereal mush, and a liberal use of lettuce."

This may be a very good diet, and anybody who likes it is welcome to it. But to say that this diet "offers a hope for the cure of cancer superior to any artificial aid, drug, knife or what not" is simply idiotic. It shows arrested mental development.

And so I could go on with many similar instances. But I will conclude with just one sentence, which to physicians needs no comment.

"Pathogen is that form of blood corpuscles generally called white blood cells. White blood cells appear to be nothing so much as soft matter in process of elimination from the blood."

This is too good a jewel to spoil by any comment. It is fine.

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It shows that Dr. Lee is a real pathologist. He deserves to be put on the same level with Virchow, Koch, Welch and Flexner.

That is not the only article of this character in the journal. There are others like it. And then to go thru the miserable, fraudulent, misleading advertisements in the various popular health journals is enough to sicken one and make one feel intense pity for eternally misled and eternally misinformed humanity.

There is a splendid field for a real popular health journal which would give the people real scientific and honest information about their bodily system. Such a journal dealing with hygiene, sanitation, prevention of disease, the prolonging of life, and even the treatment of minor discomforts, and exposing the various quacks and charlatans thruout the country, showing up their ignorance and the falseness of their teaching, would be a real blessing for the public.

Autointoxication.

I wonder if there is any other subject in medicine about which more nonsense and humbug has been written than the dreadful sounding autointoxication. We do get intoxicated with words. And more harm has resulted from our intoxication with the theory of intoxication than from the alleged auto-intoxication—or, to use the more highbrow term, autotoxemia—itself. It is strange that all animals, herbivorous, carnivorous and omnivorous, which as is well known, but rarely dose themselves with Epsom salt, Glauber's salt, Pluto water, castor oil, cascara, phenolphthalein or even mineral oil, do not sicken and die of autotoxemia. Oh, what a profession of faddists we are, and what slaves we are to words, theories and hypotheses.

Cyesophobia.

This is a term which I take the liberty of introducing to designate that abnormal fear, one might say terror, of pregnancy, under the burden of which numberless thousands of women are bending and crouching.

The specter of an undesired, an untimely pregnancy is poisoning the lives of millions of women, but in some cases the fear assumes the character of a real obsession, a genuine phobia. It renders them incapable of indulging in normal sex relations, and if they are a day, or even a few hours overdue, they are terrorized and become highly hysterical. And what is more, some become attacked with cyesophobia even where there is no physical possibility of their being pregnant, and even when they know that they didn't expose themselves and they *couldn't* be pregnant. But this is the curse of a phobia—the fear is there even when there is no reason for it, and even when the patient knows that there is no reason for it.

A good deal could be written on the subject, but we must put the matter off to a more opportune time.

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No Refilling of Prescriptions for Venereal Disease.

Of course even formerly druggists had no legal right to treat venereal disease or to give any advice on the subject. But the law recently passed emphasizes the matter, and makes it a misdemeanor even to refill a physician's prescription intended for the treatment of venereal disease. The following letter from Commissioner Biggs should be read carefully by all our pharmaceutical subscribers:

Editor CRITIC AND GUIDE,

Dear Sir:

I beg to call your attention to Sec. 343-q of the Public Health Law as amended by Chapter 264, Laws of 1918, which reads as follows:

"Treatment only by physicians or on their prescriptions. No person other than a licensed physician shall treat or prescribe for a case of venereal disease or *dispense a drug, medicine or remedy for the treatment of such a disease,* except on prescription of a duly licensed physician. Such a prescription shall be retained by the person dispensing such drug, medicine or remedy, and *no copy* of such prescription shall be made by or delivered to any person, and such prescription *shall be filled but once.*"

This was signed by Gov. Whitman on April 17, 1918, and became effective immediately.

The violation of the provision of this act is a misdemeanor and is punishable by fine or imprisonment.

Will you kindly give this letter space in your columns, so that as many druggists as possible will be apprised of its contents?

Very truly yours,

HERMANN M. BIGGS,
State Commissioner of Health.

It would be interesting to know if under a strict interpretation of the law a druggist has no right even to sell proprietary preparations, such as sandalwood capsules, Big G., S. S. S. etc? And if a man comes in and asks for 6 oz. of Lafayette mixture, how about it?

About Hemorrhoids.

You say that the only way to treat hemorrhoids is by immediate operation? Perhaps. But the man who had very painful itching and bleeding piles, and was treated by a change in the diet, conical dilators, by rectal irrigations with cold salt solution, followed by the use of astringent suppositories and a soothing ointment does not agree with you. For it is twelve years now that he was treated—he uses the word cured—and he has not had the slightest trouble since. He does not know that he ever had hemorrhoids. Of course some hemorrhoids must be operated on—but "some" and "all" are not synonymous.

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Original Articles

BIRTH-CONTROL AS A SOCIO-ECONOMIC PANACEA.

NAHUM WOLF GOLDSTEIN.

Whatever one may think of Malthus' theories of the disproportion between the increase of population and the increase of food, of the eternal struggle between man and mother earth, one may find for them a certain justification.

A hundred and twenty years ago Europe was just beginning to emerge from the protracted and horrible dark night of feudalism. Intensive agriculture was practically unknown. The great scientific discoveries as to soils, manures and plant constituents, which have poured new life into agriculture, were yet to come. The science of chemistry was still in its elementary stages, and the genius of technical invention, which has charmed into being gigantic forces of production and transportation, had not spoken its mighty word as yet. On the other hand, the new transatlantic world with its inexhaustible wealth of grain and wheat was nothing but a revealed promise, a mighty dream of the future, which few could decipher in all its magnitude.

The creative power of European society appeared insignificant and circumscribed. Out of a boundless wealth of natural soil, out of our unlimited kingdom of matter, the as yet uncultivated and relatively impotent human effort could but mould and shape into being a limited amount of products. And economists like Malthus, compelled to shrink their vision and cut their socio-economic observations short at the boundaries of their own economic epoch, could not but see a conflict between the rapidly striding reproduction of the human species and the slowly moving reproduction of matter. What was in reality a temporary and conceivable dissonance between unlimited matter and limited application of human productivity, Malthus construed into the eternal conflict between unlimited population and limited matter. Or, to be more precise, the disparity between two phases of evolution inside of the social organism, Malthus had assumed to be disparity between the social organism and nature.

So much justification for Malthus. So much vindication for his theoretical delusion, born in a melancholy world of incapacity and limitation, and born on the crest of a profound social pessimism.

But what of our Neo-Malthusians, who have the mighty stretch of a century of marvelous development to look at? How in the face of this development can they call us back to the antiquated, out-of-wind-and-air-created philosophy of Malthus?

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The vital fallacy of Malthus and the Neo-Malthusians lies in their conception of overpopulation and poverty as a result of natural forces. To them there are two forces running counter in nature—the force of population and the force of produce. The first is whirling wildly, madly, bent upon one aim—the attainment of the greatest possible quantity. The second is of a more sparing and reserved character. The increase of food always lagging behind the increase of population, a state of affairs results, where the food to be distributed in society becomes inadequate for its maintenance, where an overpopulation appears on the scene, and poverty and disease smite humanity. Poverty is thus derived from a friction of purely natural forces: the nature of man and the nature of soil. And since it is called forth and fostered by natural phenomena, it must of necessity partake of the same qualities; it must be regarded as a natural law itself, as part and parcel of an organic system.

Thus Malthus and his modern disciples are led by the iron hand of their own logic to that point, where poverty in greater or lesser degree is perpetuated and made to cast its eternal shadow in the endless path of man. Since poverty is reduced to a natural law, it follows that it cannot be eradicated and stricken from the fabric of existence; that it can only undergo certain evolutional changes and reforms. And the way to smooth the path for this evolution, is to intermeddle with the generative processes of humanity, to introduce order and consciousness into the chaotic and blindly-proceeding multiplication of society!

In so far Malthus of the eighteenth century and the birth-controlists of the twentieth century stand on one and the same sociological ground. Their theoretical conception of overpopulation and poverty, the practical solution of these problems they arrive at, bear the strictest relation. They only dissent as to the methods to be employed. The ascetic and reserved Englishman dreams of a world transformed into a monstrous ice-house, of a world dissolved into millions of little monasteries, where "moral restraint" is practiced, and where there is no mellow yielding to the charms of love and passion. In contradistinction to this, the modern birthcontrolists, unsubmissive to Jesuitic morality, preach full indulgence in passion—only passion shorn of its innermost vision, blank and dead as to its relation to eternity and immortality —passion reduced to a mathematical formula.

II.

Modern political economy has time and again shattered to pieces these Malthusian theories of population. It has, to paraphrase the great economist Marx, proved Malthus' philosophy of poverty to be nothing more nor less than the poverty of his philosophy. Irrefutably and infallibly it has established the fact that overpopulation and poverty spring, not from biological sources, but solely and exclusively from sources social and economic.

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In ancient society, where man was incessantly wrangling with nature for the elementary means of his subsistence, where the results achieved by his labor never equalled the amount of labor spent, overpopulation and poverty came as a direct consequence of underproduction. The scarcity of products yielded by nature to society spelled superfluity of population, bore sole responsibility for its poverty.

Retracing mentally the steps of his slow social advancement, searching in the winding path of his misery and sorrow, the ancient man came bluntly and abruptly upon nature as the primary source of all his troubles. Spiteful and controversial, unwilling to unlock her hidden riches, she seemed to the ancient man to signify an enormously oppressing force of evil and hamper. And we find that he struck back to whence his blows came. To counterbalance the parsimonious tendency of nature to withhold her products he vowed to withhold and stint in the generation and upbringing of new life! An eye for an eye! A tooth for a tooth!

Centuries have since gone into oblivion. The unabated search of man for the key to mother earth has ultimately been crowned with success. He found it. He opened up vast and gigantic new lands. He bent to his will and subjected to cultivation what seemed to be eternally barren and sterile deserts. He invented an immense and complicated mass of tools of production and to-day it is no more a question of underproduction that confronts individual and society, but largely one of diametrically opposite character, that of overproduction. It is a well known truism that the intensity of human labor developed through its adaptation to the speed of the machine, coupled with the enormous development of technique, tend toward the greatest productiveness possible. As a result, present day society at any given moment finds itself in the possession of infinitely more products than are actually indispensable for its maintenance. With the augmentation of this chronic overproduction, with the ever increasing incursion of the machine into the domain of industry and agriculture, there goes an ever decreasing demand for hands. Men are driven to vacate their jobs and leave humbly for the ranks of the gloomiest and most vanquished army on earth—the army of the unemployed. Or they slide and fall into that terrible pit from which there is no return: they find virtual death in the alleys of shameful and crumb-begging pauperism.

We are thus able to draw a demarcation between ancient and present society. In antiquity overpopulation and poverty emanated from underproduction, and individual poverty was conditioned mainly upon poverty of society. In our modern social organization overpopulation is largely due to overproduction, and individual poverty is nothing but a legitimate child of social wealth. The inference to be drawn therefrom is that whereas in antiquity the reduction of population in the form of infan-

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ticide and abortion could be regarded as a justifiable answer to overpopulation and poverty, in our present order of superabundance and wealth the answer to the social question lies exclusively in the economic sphere, in the just rearrangement of socio-economic relations.

III.

Is there any raison d'etre, then, for the apprehension birth-controlists and Neo-Malthusians are instilling into the slums and ghettos as to the economic fallacies of uncurbed propagation? Can the economic question come within any decent approach of solution if birth control by chance assumes mass proportions?

There can be no question that in single isolated cases the adoption of the small family system may lead to a higher economic plane. But let the working class as a whole be permeated by birth-control ideas, and society will spring its surprise upon them; wages will soon go down and adapt themselves to the lessened needs of lessened families. Numerical retarding of society, or what is equal to it, depopulation may effect certain changes in a given social organism, but must of necessity remain feeble and impotent in its application to poverty as an organic whole, as a gigantic evil, whose roots penetrate so deeply into the soil of history. Inasmuch as the birth control movement does not strive actively to readjust economics to population, inasmuch as its basic aim is to passively readjust the process of population to the process of economics, it barely touches upon the edge of poverty and it neither destructs nor constructs any tangible economic values whatever. Moreover, by lulling the masses into dreams of reforms to be swept into their midst through passive means, the birth-control movement indirectly preaches political abstinence and thus reacts to the detriment of real social advancement. It may be well remembered what glowing enthusiasm the appearance of Malthus' "Essay on Population" called forth on the part of the British aristocracy. By shifting the burden of responsibility for their misery to the masses themselves, by ascribing all the social evils to their unascetic and inferior habits of exaggerated prolificness, Malthus came to be recognized as the champion of the unassailable privileges of the "ruling minority." Perpetual poverty, misery as a law of nature, famine and war as the divine predestination of the Creator—what else was there left to be desired by British reaction? What else could restore the pose of the dominating British classes after the severe jolt Godwin had given them with his forceful teachings of social and economic equality?

History is now turning back on its heels. Our modern birth-controlists are preaching the same gospel. They likewise make it appear that the responsibility for all the social and economic maladjustments of to-day rests upon the shoulders of the masses, that the bearer of the cross is blamable for the cross itself.—*International Journal of Ethics,* July, 1918.

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BIRTH-CONTROL AS A PANACEA.

BY WILLIAM J. ROBINSON, M.D.

Several friends and members of the International Birth Control League thought that I was in duty bound to notice and answer the above article. If the article deserves a reply it is not for its intrinsic value, but on account of the source in which it appears. For in itself it contains nothing that has not been said by the opponents of birth-control and answered by the advocates of birth-control time and again.

The author is evidently familiar only with the propaganda of the English Malthusians. Quite evidently he has neglected to familiarize himself with the arguments and writing of the American advocates of birth-control. First of all, the title itself is unfair. Because there is not a single American birth-control advocate who advocates birth-control as a "panacea." A panacea is a cure-all, and time and again we stated that birth-control was not a social or economic panacea, that it will not by itself raise the standard of living in the community; that it will not bring about the cooperative commonwealth; that it will not by itself abolish poverty. We simply claimed it to be *one* of the means towards the consummation of those ends.

That in its ultimate analysis the claim of the Malthusians is correct is beyond question. For if even every inch of ground were cultivated most intensively, if the most modern advances of technical chemistry were assiduously applied, there would still come a time when food could not keep up with the increase in the population, and a check would become inevitable. But this, as we have stated again and again, is a point on which we American birth-controlists do not lay any stress. For this is a matter of the distant future. And we well know that it is not lack of food, but unjust distribution of wealth that is responsible for present day poverty. We well know that there are still millions of acres of land that could be easily cultivated, and that could support billions more of people. We are sending away now millions of tons of food to the Allies and still there is plenty left for everybody here.

As we have stated times without number, with us birth control is primarily an individual problem. The woman in the slums who is worn out by repeated labors, who is unable to give the least attention to her continually increasing brood, and is forced to send them out in the street to acquire disease and vicious habits, is not in the least way helped by the fact that the State of Texas if intensively cultivated could furnish so many millions of bushels of wheat, or that the delta of the Nile under proper cultivation and management could support a billion human beings. The same is true of the well-to-do woman whose physical health does not permit her to undergo frequent labors. The same is true of the woman who has or whose husband has some transmissible taint. The same is true of the

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woman with nephritis or cardiac disease. In short, to repeat, we advocate birth-control not because ultimately there will not be enough bread and meat for everybody, but because too frequent childbearing, too many children are *now* the cause of great misery to the mother, to the father and to the children themselves. And in this we differ from our English Malthusian friends. They lay more stress upon the racial end of the problem—to us it is primarily an individual, social, economic and eugenic problem.

And while it is not true, as the author says, that modern political economy has shattered to pieces the Malthusian theory of population, to us the theory is of secondary importance. And while we believe just as strongly as the author does in a rearrangement of social and economic relations, it is both cruel and stupid to refuse help to the suffering mothers of today and to attempt to soothe their agonies by the promise of blessings in a future state of society which they will not live to see.

That is really all that the American birth-control advocate has to reply to Dr. Goldstein's paper. Two or three minor points may be taken up. The author says that if the working class as a whole should be permeated by birth control ideas, wages would soon go down and adapt themselves to the lessened needs of lessened families. The absurdity of that claim is seen on the very face of it, so it seems to us. And still it has been made a number of times. We cannot see how intelligent people can make such an argument in perfect seriousness. We see just the opposite every day. When the supply of labor is great, wages go down. If the demand is greater than the supply wages go up. This is seen in every sphere of life. Again it has been shown that the workingman who has the fewest children is the best off economically and the most independent. Also that the workingman who is the father of few or no children makes the most aggressive workman and holds out longest in cases of strikes. It is the fathers of many children that soon yield and cut the wages.

The author says that birth-control lulls the masses into dreams of reforms and indirectly preaches political passivity. This is simply untrue. Some of the most strenuous advocates of birth-control are at the same time strenuous advocates of political activity. And most of the socialists in this country, who will certainly not be accused of political passivity, are active workers for birth-control.

The author concludes by saying that we make it appear that the responsibility for all social and economic misery rests upon the shoulders of the masses, "that the bearer of the cross is blamable for the cross itself." Very pretty, but quite untrue. We do not blame the masses for their uncontrolled breeding, for their excessive progeny, for giving birth to children which they are unable to feed, clothe and bring up properly. We blame

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their selfish and misguided rulers, their writers and intellectual leaders, the so-called professors and teachers, the captains of industry and the militarists, who while always making use of birth-control knowledge themselves would selfishly keep that knowledge back from the masses; would selfishly prevent the poor from making use of one of the most important measures of economic, social and eugenic improvement. It is not the ignorant slum dweller that we blame; we blame the dweller in the palace and his henchmen, the venal politician and the hired editor and writer.

A MOTHER'S BITTER CRY FOR BIRTH-CONTROL.

While I was dictating the above lines, the mail was brought up, and among other letters it contained the following, which I reproduce word for word. I have many letters more pathetic, more heartbreaking, but this has come so opportunely, that I prefer to use it.

Dr. William J. Robinson,
New York City

Dear Sir:

Having seen an article on "Birth Control" by you, has given me courage to write and ask you for help, if there is any help for me.

We have six children; my last baby is 15 months old, and is underdeveloped and sickly, and can't walk yet. I think this is due to the fact that I am in no condition physically to give birth to more children. While carrying him, I had to work beyond my strength to take care of my house and family and was in a state of exhaustion all the time.

Now when this baby is fifteen months old, I again face pregnancy. My menses should have appeared on the 1st of July (this month) and have not come. I am desperate, because our financial condition is such that we simply cannot support the number we now have, without having another. We are going further into debt every day just trying to supply them with the barest necessities, and the condition of my last baby has shown me that I cannot have healthy children under existing conditions and in my state of health, and with the amount of work I *must* do to care for my family. Surely our strength and time are due to help and care for those already here without the additional burden of pregnancy and child-birth every other year—or sooner. Some of my children are only 18 and 20 months apart.

I know people who I am sure are exercising "birth-control," but they deny this and will not impart their knowledge to others. I have exercised what little knowledge has come my way, but it does not seem to prevent conception in my case.

Is there no hope for me; must I go on constantly bringing children into the world when we already have more than we can decently raise?

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I have appealed to my physician twice immediately after I found myself pregnant, but he said it was something he never did and never would do, although he admitted that I am in no condition to bear more children and that I have reached the end of my strength. My nerves are in such a condition that I can scarcely stand the chatter of my children around me.

Our physician is a splendid man and doctor, but surely he is wrong in taking this stand when he knows children born under such conditions are bound to be unhealthy and imperfect in some way.

We owe him money which we will have to take a long time to pay because we must feed and clothe our family, and when that is done there is little left for medical attention.

Will you write and tell me what I can do or take to get relief?

A friend recently told me to use slippery elm and this I shall resort to if I cannot get help in any other way because I am desperate enough to do *anything*.

My husband has been working for—— and had charge of the retail department of his plumbing and gas fittings "shop," and received $25.00 week since January of this year; before that he received $22.00 but recently he has taken a position with a company just organizing here and is receiving $30.00 a week.

We could get along on this if prices and conditions were normal but being already in debt and trying to get out of it little by little, and being obliged to keep our large family at the present price of food and clothing, we find it hard to keep going.

I know you must be a busy man, but hope you can find time to read my letter and answer it.

Yours very anxiously,

MRS.——

Face to face with this mother's bitter cry—one of thousands that daily go up to heaven from the broken hearts of agonizing mothers—what are all the arguments against birth-control but empty twaddle? To make use of the *argumentum ad hominem,* suppose this mother was Dr. Goldstein's wife or sister or dear friend and she appealed to him for birth-control information. Would he give it to her if he possessed it, or would he tell her that Malthus' theory was all wrong and has been discredited, that poverty was really due now not to under- but to over-production, and she should wait for a "just rearrangement of socio-economic relations" which we will surely have in a hundred or two hundred years at the latest?

Those who come in daily contact with the far-reaching misery caused directly and indirectly by uncontrolled breeding, by too-many or even by few but untimely and undesired children, cannot be blamed for having little patience with the theoretical twaddlers who tell us that birth-control is a very bad thing for the masses—all the time, *nota bene,* making use of it themselves.

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Cultivate the womb of Mother Earth as intensively as you please. The more intensively the better. But give the womb of the Mother of Men an occasional rest. And that rest cannot be had without possessing the means of prevenception.

SOME STUNTS TO KEEP THE CHILDREN AT HOME.

BY L. E. EUBANKS.

Every parent knows that home life is the paramount influence in childhood. What the church and school do for a child must be confirmed in the daily life; the abstract moral principle and the schoolroom theory must be harnessed at home—this is the practical phase, the dynamics of character-building and education.

To keep children at home, then, at the proper time, becomes a parental duty. And in this day of countless outside temptations, it is also an art. Denying the child social intercourse, barring his home to congenial companions of his own age, is not advised—such a course is greatly to be deprecated; but when we allow a youngster to be constantly "on the go," we are cheating him of something which he will miss (and probably show that he lacks) in after life.

To be miserable is no part of a youngster's philosophy; when asceticism fails to "make a hit" with most adults, we must not expect too much rigid self-denial and self-discipline of the child. It is so much easier to lead than to drive! Children are practical, and they like to see reasons for things; few can grasp abstract thought, but they all can absorb its essence when flavored with interest and pleasure.

Perhaps the greatest immediate benefit from practice of the "stunts" I am giving in this article is physical. The exercise will strengthen the muscles, quicken the circulation, deepen respiration and tone up the body generally. But this is not all; the "kiddies" will learn to be "good losers" and chivalrous winners, they will learn the virtue of perseverance and the value of "knowing how." And best of all, they will associate such things with home life; very little encouragement will lead to the founding of a home gymnasium, one of the most reliable "home keepers" that parents can install.

A good plan for the parent is to arrange what might be called a physical culture party. Invite your children's friends, both boys and girls, of from 10 to 16 years of age; tell them to "wear soft collars and come prepared to have some fun." This happy anticipation, extending over several days, is a valuable health tonic, in itself.

Since the children will differ greatly in physical strength, it is well to exercise some supervision over them and prevent rivalry from going too far. If you, the parent, care to give prizes, you can allow two points for each first place and one for each second; the winner of most points to receive a pocket-knife, a

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parasol, or some such award. But this is not essential to interest, as the stunts will of themselves capture every normal child present. Introduce the tricks one at a time; they will last longer, and interest be more concentrated. Enter into the fun yourself; such play is just what most adults need.

Number 1. Ask all the members of the party to stand erect, legs perfectly straight, and arms extended above the head. Now tell them to swing down and touch their toes without bending at the knees. Not many, especially among the older ones, will succeed at the first attempt, tho the stunt may be easily mastered with very little practice, and is really a good exercise for daily use. If this seems too easy for some of the guests, stick a pin into the carpet so that only the head is visible. Have the child stand with a foot on each side of the pin, his heels together. The object is to get the pin without bending the knees. It will be found quite a strain to retain the position long enough to extract the pin.

Number 2. Place the palm of your hand on the top of your head and ask some one to lift it off. On account of the extremely firm set this position gives the biceps and because of the unfavorable position in which your opponent has to work, you will be able, if only fairly strong, to defeat the efforts of a very muscular person. Of course, the hand is to be lifted, not dragged off.

Number 3 is a laugh-producer, particularly when tried by a fat person. Have your friend seat himself across a dining-room chair with his right side next the back. Stick a pin in the back of the chair where the corner of the seat joins the chair-back, the corner nearest the right knee of the person trying the trick. Now have him—or her—lean backward, then forward around the chair-back and get the pin with the teeth. A firm grip will have to be maintained on the top of the chair-back with the left hand while the right grasps the chair leg near the floor. The feet must be kept well extended over the chair to prevent it from tipping. No part of the body must touch the floor. This is not an easy stunt, but it can be mastered with a little practice; the return to first position after the pin is reached is more difficult than the first part of the trick.

No. 4. By the time each member of the party has had a turn at No. 3, all will be ready for a rest, and it may be taken while they try No. 4. This is a contest to see who can balance his chair on its back legs for the longest time. It is best for only one person to try at a time. His best effort out of three trials is noted by a time-keeper, then some one else is "called to the stand." The chair should be set close enough to the wall to prevent a fall. The occupant should sit well back and hold the hands and body still. To use the arms as balancers does more harm than good. By the use of the lower legs, swinging them from the knees only, the balance can be kept perfectly for several minutes, after one has practiced a few days.

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No. 5. In this contest all the competitors line up facing the wall, three or four feet from it. Now all fall forward and place their hands against the wall. When all have pressed themselves back to erect position, the line must be moved a little farther from the wall, and so on till all have failed but one person, who is, of course, the winner. To be strictly fair, the short persons in this contest should be allowed a handicap equal to the difference between their height and that of the taller competitors.

Number 6. Have the "victim" measure three of his shoelengths from the wall. Now he toes this line. Next place a chair sidewise between him and the wall. He is to bend over so that his back is about parallel to the floor, and place the top of his head against the wall. Now he lifts the chair a few inches from the floor *first*, then comes to an upright position without moving his feet. In some cases, a little more distance from the wall is required to "stump" a fellow.

Number 7. You can boldly announce that "there is one place in this room where no one can stand on one foot for one minute." This wording of your proposition leads your listeners to suspect a catch in the sentence and covers up your real purpose. Take the doubter, when he proclaims himself, and stand him with right shoulder and outside of right foot against the wall. Now ask him to stand on the right foot. This will bring a good laugh, for the thing is *impossible*.

Number 8 is another stunt that is infinitely harder than it looks. Have everyone place his thumb in the palm of his hand and close his fingers loosely over it. Now the arm and wrist must be bent and the knuckle pressed up into the arm-pit. Now tell all to release the thumbs, then replace them without removing the hands. Not many will care to follow your directions.

Number 9. Let two persons hold a broom-stick between them, horizontally, and a little higher than their heads. Each grasps it with both hands so that one of his hands is between those of his opponent. Now they must grip hard, and pull the broom down between them. Of course, the weaker pair of hands will slip; then the loser can give his place to another, and so on till someone proves his grip decidedly the strongest.

Number 10. Fold the arms loosely. Lower the body by bending the knees, and spread them so that your arms will pass between them. The trick is to touch the floor with your elbows without unfolding the arms or losing your balance.

Number 11 requires more strength than any I have given, and only a few of the contestants will be able to do it. The average man finds this "one hand dip," as I call it, quite a feat, but practice soon makes it easy, and there is a world of fun in seeing your friends try it. With the body straight and nearly parallel to the floor, sustain the weight on your toes and one hand, arm straight and disengaged hand held at the back. Between the fingers on the floor hold a match, and try to get it

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with your teeth without touching the floor with any part of the body.

For No. 12 try the well-known "tug o' war." Separate the company so that the two divisions are about equal in weight. Establish a line of some kind on the floor across the middle of the room. Of course, the section pulling the other across the line wins. When the room is small, it is best to decide the contest by getting just the first one or two across; as otherwise, the victors might back against the wall before they pulled the tail-enders of the other squad to the line.

Parents who will try "parties" of this and similar character, interspersed with games, charades, etc., will find that they will have no trouble in keeping their children at home. And the memories of their childhood will linger with their children forever.

EMETINE AND DIARRHEA.

W. J. BLACKBURN, M.D., DAYTON, OHIO.

In the July, 1918 issue of THE CRITIC AND GUIDE I note with interest, reference to an article from the October number of The British Medical Journal, regarding the action of emetine on the intestinal tract. The writer in the Brit. Med. Jour. tells us something new (?) as to the action of this drug and remarks that when it is given in considerable quantities it produces symptoms which, when taken in more moderate doses, it tends to cure. Reference is also made to an article by Kilgour and Liu in Arch. of Int. Med. Chgo. 1917, XX, 178-183, who state that their clinical experience in China shows the importance of recognizing that emetine may cause diarrhea, and some cases are recorded in which it is shown that diarrheic stools due to emetine are almost identical with those of amoebic dysentery for which the drug was given with curative results.

It is rather amusing to note these new (?) discoveries that are continually being brought out in medical literature. Also it is hard to understand how these writers who are presumed to be up to date medical men, have failed to learn that these same truths which they are now promulgating as new discoveries, were known to The Homeopathic School of medicine one hundred years ago.

If they will carefully peruse any good Homeopathic materia medica, they will find full and complete information along these lines and will note that Homeopathic physicians regard Ipecac as one of the leading remedies in the treatment of dysentery, when prescribed according to the proper indications. A careful and unbiased study of this same materia medica will give much additional information about other drugs which are indicated in the treatment of dysentery and other diseases.

We are glad to note that these things are being recognized by men of different schools of medicine, but would it not be more manly to place the credit for the discovery where it rightfully belongs?

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Medical and Therapeutic Items

The Details of the Bipp Treatment.

Prof. Rutherford Morison the introducer of the Bipp Treatment, thus outlines the technique.

1. Under an anesthetic, usually ether, cover the wound with gauze wrung out of one in twenty (5 per cent) carbolic acid, and clean the skin and the surrounding area with the same lotion.

2. Open the wound freely and, if possible, sufficiently to permit of inspection of its cavity. A guide—a finger is the best if the size of the wound permits of it, and if not a thick probe—should be introduced to the bottom of the wound and held there and fully exposed. In doing this special regard must be paid to nerve-trunks and muscular branches of nerves, since the division of blood-vessels, excepting the largest, and of muscles themselves does little harm as compared with that of the disability following nerve damage. Cleanse the cavity with dry sterile gauze mops, Volkmann's spoon, etc., and remove all foreign bodies.

3. Mop the surrounding skin and the wound cavity with methylated spirit and dry it.

Put Bipp in the wound, rub it well in with dry gauze, then remove all excess, leaving only a thin covering over the wound surface. Dress the wound with sterile gauze and cover all with an absorbent pad, which is to be held in position by sticking plaster and a bandage. This dressing requires no change for days or weeks if the patient is free from pain and constitutional disturbance. Should, however, discharge come thru, the stained part must be soaked in spirit and a gauze dressing wrung out of the same applied as a further covering, or a fresh dressing should be made.

Redressing is very simply done. After removal of the old dressings the wound is covered with a pledget of wool soaked in alcohol, and any sticky, dirtylooking discharge is wiped off the surrounding skin until it is clean.

He states that if it is possible to get to the bottom of an infected wound so that it can be thoroly cleansed mechanically, and Bipp be applied, *the wound can be closed at once with interrupted sutures, always with impunity, and many times with the prospect of finding it healed when the dressing is removed for the first time at the end of three weeks.*

Edible Prescriptions.

....In Eastern countries remedial qualities are ascribed to water drunk out of a cup or bowl, whose inner surface is inscribed with religious or mystical verses; and specimens of such

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drinking vessels have been unearthed in Babylon within recent years. The magic medicine bowls, still used in the Orient, usually bear inscriptions from the Koran. In Flora Annie Steele's tale of the Indian Mutiny of 1857, "On the Face of the Waters" we read of a native who was treated for a cut over the eye by being dosed with paper pills inscribed with the name of Providence.

Dr. John Brown of Edinburgh (1810-1882) reported the case of a laboring man affected with colic, for whom he prescribed some medicine, directing him to "take it and return in a fortnight," assuring him that he would soon be quite well. At the appointed time the man returned, entirely relieved and jubilant. The doctor was gratified at the manifest improvement in his patient's condition, and asked to see the prescription which he had given him; whereupon the man explained that he had "taken" it as he had understood the directions, by swallowing the paper.

From Dr. R. M. LAWRENCE: *"Primitive Psycho-Therapy and Quackery."*

Treatment of Chancroids and Their Buboes.

Poirson (in a Paris graduation thesis, abstracted in *J. d. méd. et d. chir. prat.*, April 10, 1918) suggests the following treatment for chancroids and their buboes:

There is no preliminary cauterization.

The sores are cleansed with tampons soaked in ether until no trace of pus remains in evidence. Then a solution of sodium arsenate in alcohol, one part to fifty, is shaken well and applied with a camel's hair brush thoroly to the sore or sores. In order to hasten the evaporation, a jet of air may be blown on the lesions. The arsenic is thus left upon the latter as a fine coating. Soon afterward a second application is made and a piece of sterile gauze is placed over it. In certain localities this dressing may have to be renewed several times. Even under unfavorable circumstances, from 3 to 4 dressings will turn the ulcers into simple raw surfaces which heal rapidly of themselves. An occasional dusting with iodoform is advisable.

If a bubo has formed, but without the immediate menace of suppuration, the author injects a solution of arsenic directly into the mass, the strength being one half of the preceding: If pus has already formed, it is evacuated by puncture with a small trochar, which is also used to break down any septa in the pus cavity. The solution is then injected as before.

In ulcerated chancroidal buboes the treatment does not depart from that of the chancroid.

The author has treated 250 patients with his method, the average time of treatment being 18 days for simple chancroid and bubo and up to 29 days for complications.

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Case of Carbolic Acid Poisoning—With Recovery.

October 11th, 1917, at 4 in the afternoon, Dr. R. M. Wiley (*Virginia Med. Monthly,* March 1918), summoned to attend a case of poisoning, found a girl, 18 years old, in an unconscious condition, apparently in collapse, with muscular tremors and twitchings; a frothy saliva running out of her mouth; marks upon the lower lip and chin suggesting a burn by some caustic agent. The pulse was small and rapid, the respiration labored, the pupils contracted. She was groaning and writhing. No one was present in the house except the patient and a brother, a grown man, who told that after the midday meal the family including himself had gone out, leaving the patient alone. The brother, coming back a few minutes before four o'clock found his sister in the condition just described. The writer, suspecting carbolic acid poisoning and remembering alcohol being an antidote, both locally and systemically, at once gave by mouth one half of an ounce of pure grain alcohol—all he had in his grip. On account of the tremors, the passing of the tube and the washing out of the stomach being impossible, he administered one twentieth of a grain of apomorphine hypodermically, causing a prompt emesis. In addition, Epsom salts, albumin, flour and water, and olive oil were given. The patient was hovering between life and death until midnight. The writer went home at eight in the evening, to be recalled at half past eleven on account of alarming respiratory symptoms and great gastric pains, which were relieved by hypodermic injections of morphine and atropine. He visited the patient regularly until October 18th. For the first several days she had a great deal of pain in the esophageal and gastric regions, and there was from time to time a return of the embarassed breathing. These symptoms were relieved by the routine administration of morphine and atropine. On October 18th, all the symptoms having disappeared entirely, she was discharged as recovered. Upon questioning the patient confessed that she had intentionally drank two teaspoonfuls of carbolic acid.

The Intravenous Use of Red Mercuric Iodide.

L. W. Rowe, (*Jour. of Lab. and Clin. Med.,* April, 1918) performed a series of experiments on animals with a solution of red mercuric iodide and potassium iodide to determine its toxicity. He found that red mercuric iodide has about the same toxicity as mercuric chloride, but possesses five times its germicidal power. In no case did an intravenous injection of red mercuric iodide cause death from embolism, while intravenous injections of mercuric chloride resulted in sudden death from embolism in several cases. Subcutaneous or intramuscular injections of red mercuric iodide were attended

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with local irritation, as is usual with mercury salts, but the intravenous injection is comparatively safe if carefully performed.

The Etiology of Alopecia Areata.

After keeping records of the dental findings in all cases of alopecia areata, Dr. Joseph Grindon, (*J. Mo. S. Med. Assn.*, May 1918), has come to the conclusion that the presence of gold and amalgam in the mouth are responsible for most of the cases. The metals act as a galvanic battery which serves as a stimulus to nerve endings. He cites 12 cases of alopecia areata and all of them had amalgam or amalgam and gold fillings. In one case the baldness appeared two months after the insertion of an amalgam filling. While the author does not consider all cases of alopecia areata neuropathic, nor all neuropathic cases due to dental irritation, he does believe the majority of these cases can thus be accounted for.

Thirst at Sea Quenched by Sea Water.

M. Roberts (*Brit. Med. Jour.*, Feb. 16, 1918) describes the experience of a man who fasted during a sea-voyage, at the same time having daily injections of two gallons of pure sea water. During the first five days he had nothing to drink and did not feel at all thirsty. For the next three days he drank a little water, tho at no time feeling a great necessity for doing so. His health was not affected and no disturbance was caused by the sea water injections. Roberts suggests that if a rectal syringe were part of a boat's normal equipment, many lives that are now lost thru thirst would be saved.

Globules of Metallic Mercury in the Tissues.

Drs. John A. Kolmer and E. V. Mastin (*J. A. M. A.*, May 4, 1918) report an interesting case of the finding of globules of mercury in the tissues of an aneurysm of the aorta and the eroded vertebrae of the spinal column. The patient was a negro whose Wassermann was strongly positive. He died two days after admission and at necropsy a severe aortitis and two aneurysms were found. The first involved the first portion of the descending aorta; there was no involvement of the bone and no metallic mercury was found. The second aneurysm had produced considerable erosion of the bodies of the second, third, fourth and fifth dorsal vertebrae on the left side and the contiguous ribs. During the manipulation of the tissues, several large globules of metallic mercury were discovered. There were myriads of pure globules of mercury in the remainder of the wall of the aneurysm and the eroded tissues of the vertebrae. According to the authors the deposition of metallic mercury seems to be influenced by chemical changes in necrotic tissues.

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Infectious Colds.

So called colds are an infection due to one or the other of several micro-organisms, and should not be treated lightly as they may be the premonitory symptoms of some serious disease. Dr. M. Howard Fussell (in *"Handbook of Medical Treatment,"* Da Costa) insists on rest in bed with rooms well ventilated, as the most important of all the points of treatment. Coryza may be controlled by the use of some alkaline spray, such as Dobell's solution, or a normal salt solution. Adrenalin chlorid solution, 1 to 2000, may be sprayed in the nostrils and often will give instant relief. The aching is best controlled by one of the salicylates, acetylsalicylic acid or aspirin. Phenyl salicylate or salol is to be recommended.

A combination of phenyl salicylate and phenacetin is comforting and should be given in 5-grain (0.32 Gm.) doses of each drug, repeated every two hours, and continued for at least 24 hours. If the cough be dry and hacking, small doses of an opiate, such as paregoric, will often control it.

The bowels should be opened by small doses of calomel, 1/10 of a grain (0.006 Gm.) every half hour until a grain (0.065 Gm.) is taken, or a saline, such as citrate of magnesia.

Cocain should be avoided. Many cocain habitués have been made by giving a spray of cocain for the nose.

Oil of Cinnamon in Influenza.

Dr. J. C. Ross (*Lancet,* Nov. 3, 1906) speaks in the highest terms of the effect of the oil of Ceylon cinnamon in the treatment of influenza. This remedy allays the subjective sensations, rapidly reduces the fever, and prevents sequelae. Give 12 drops of the oil in a wineglassful of water, and repeat the dose in an hour. Two hours after the second dose 10 drops are given, and then 10 drops every two hours until the temperature falls to normal. After this 10 drops are given three times a day for three days.

Pruritus.

Pruritus pudendi is often quite successfully relieved by the following simple lotion:

℞ Sodii boratis..... .. ..3i
Ol. menth. pip.....mv
Aquae .....oi
M. Ft. lotio.

Treatment of Varicella.

Varicella, or chicken-pox, is a highly infectious disease, and characterized by fever and a specific eruption. Dr. Samuel S. Woody (in *"Handbook of Medical Treatment,"* edited by John C. Da Costa) insists on rest in bed during the febrile stage, and until the lesions are well past the acute stage. A light diet

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and some mild fever mixture should be prescribed if the fever be high. To prevent secondary infection it is necessary that the hands be kept clean, and that they be securely tied in well padded mittens or stockings. Itchings should be treated with tepid baths, or by sponging with alcohol well diluted with water, or with vinegar water, 1 part to 3 parts. After that a bland dusting powder should be employed.

A good one is: Mentholis, 1 dram (4 gm.); zinci oxidi, 1 dram (4 gm.); pulv. amyli, 1 once (32 gm.); talci, 1 ounce (32 gm.).

The patient should be ready for discharge when the separation of the scabs is complete. In the average case, three weeks' time will be required. Secondary infections call for the same treatment as would any other similar surgical condition.

Psittacosis.

Psittacosis is an acute infectious disease transmitted to man from birds and particularly from parrots. It resembles typhoid fever complicated with pneumonia. It is a severe disease, with rather a high mortality, and has occurred in epidemic form in houses whose occupants have been owners of various feathered pets, notably parrots. According to Boggs: "....The handling of sick birds should be discouraged. Cleanliness and disinfection of the cages should be carefully observed. The patients should be isolated as a precautionary measure. Tub baths and cold packs are highly recommended by the French observers, who treat the cases thruout like typhoid fever."

Chlorine Water in the Treatment of Infantile Diarrhea.

Dr. S. Roseberry (*Brit. M. J.*, 12, 15, '17) has obtained favorable results with chlorine water in the treatment of 53 cases of infantile diarrhea. In each case the following mixture was given:

℞ Aqua chlori .....m. iv
Quin. sulph. .....gr. ⅛
Salol .....gr. iv
Mucilag. tragacanth .....q. s
Aqua chloroformi .....ad ℥ j

[Why not give some credit to the quinine and salol?—W. J. R.]

Dose: ℥ ss to a child under six months; proportionate doses in older children. This was given every six hours for the first twenty-four to thirty-six hours, and then thrice a day until the stools were normal. In addition, according to age, a teaspoonful to a tablespoonful of the following mixture was given twice a day:

Ol. ricini .....℥ j
Ol. olivae .....℥ j
Tinct. opii .....m ij

In very severe cases, a mustard bath was first given, to be followed by an injection of pituitrin 1/6 c.c. (2½ min.) repeated

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two or three times at intervals of four hours. Lavage of the bowel was practised two hours after the mustard bath. The diet varied according to the severity of the attack: in milder cases, albumin and barley water; in severer cases, sherry whey. In very severe cases, 10 to 20 m. doses of brandy were given every two to four hours. Thyroid, grain 1/6 twice a day, was found useful in accelerating recovery.

In Impotence.

℞ Camphor .....gr. 24
Quinin. hydrochlor. .....gr. 24
Tinct. cantharidis .....m. 24
Oleoresin capsici .....gr. 4
M. Ft. pil No. 24. One pill after meals.—*Campbell.*

Ointment for Barbers' Itch (Herpes tonsurans).

Salicylic acid .....gm. 8
Beta naphthol.....gm. 5
Resorcin .....gm. 4
Lanolin, to make .....gm. 100
—A. SALINGER, *Münch. Med. Woch.*

The Value of Turpentine as a Hemostatic.

Allan (*Prescriber*) recommends oil of turpentine as a valuable remedy in hemorrhage. He has employed turpentine in cases in which other drugs have failed. For instance, a man had several teeth extracted and the after-bleeding seemed uncontrollable. The customary remedies were employed without success, but when turpentine was applied, the bleeding ceased. In another case, a man had the tip of one of his fingers removed by the blade of a cutting machine. The bleeding was promptly stopped by the application of oil of turpentine.

Persistent capillary oozing following the resection of the nasal septum was not checked until the nasal cavities had been packed with gauze soaked in turpentine. In other conditions, such as post-circumcision hemorrhage, and bleeding after tonsil and adenoid operations, turpentine applied locally has been of decided benefit.

The writer advises that the gauze should be well soaked in turpentine, but prior to the application to the affected parts it should be thoroly squeezed and wrung almost dry, otherwise results will be disappointing.

Chloroform Water as an Antiseptic Lotion.

Rengniez (*J. d. M. et d. Chir. prat.*, March 25, 1918) employs chloroform water as a suitable and inexpensive substitute for the ordinary antiseptics. He tried it first on a burn of the third degree for which the usual treatment had not succeeded.

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The first dressing with chloroform water brought great relief; when being removed, it came off without sticking and leaving a much improved appearance. A compress of the chloroform water was applied night and morning, and healing was complete in eight days. Further experiences with burns and other wounds, deep and superficial, confirmed this pleasing result.

Chloroform water is used as a lotion and in compresses. A quantity of chloroform is put in a large bottle or carboy, which is filled up with [boiled distilled] water and shaken well. In half an hour the chloroform water is ready for use.

[It must be carefully poured off from the excess of chloroform which remains at the bottom, and the vessel again refilled with boiled distilled water.]

The Spanish Grippe.

According to Spanish and French publications the new disease called Spanish grippe, which appeared a few weeks ago in Madrid, has invaded Switzerland and is spreading rapidly. In Madrid alone there have been 100,000 cases and already nearly 1,000 persons have died. On July 9, there were said to be 6,800 cases in the Swiss Army. Altho the grippal character of the disease has been recognized the causation is obscure. The absence of the influenza bacillus has been demonstrated. The onset of the disease is sudden with severe headache, high fever, throat irritations or slight bronchitis, a dry hacking cough, complete loss of appetite, muscular and articular pains, gastric disturbances and general debility. The disease attacks particularly men under forty years of age, fewer women than men, and children scarcely at all.

The best preventives are fresh air, cleanliness, and constant disinfection. The disease is more amenable to careful dieting than to medicine.—(*Boston M. and S. J.*)

Chronic Constipation.

A most excellent tonic anti-constipation pill is put up according to the following formula:

Aloin	gr. 1-25
Strychnine sulphate	gr. 1-500
Atropine sulphate	gr. 1-2500
Oleoresin capsicum	gr. 1-500
Emetine	gr. 1-500

Of these a sufficient quantity (three to six or more) should be given three times a day, to produce one daily stool, preferably in the morning, continuing steadily and reducing the dose as a curative effect is produced.—DR. GEO. F. BUTLER.

A Case of Salivary Calculus.

Dr. Max Nisselson (*N. Y. M. J.*, July 20, 1918) was consulted by a man, 43 years of age, who gave the following history:

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For the last two years, intermittently at first, then at longer and finally at shorter intervals, he had pain at the right side of the tongue. The floor of the mouth on this side would become swollen and there would be a swelling beneath the jaw. This would gradually subside. He was seen by many physicians and was given numerous mouth washes without benefit. For the last two months it bothered him more than before. The swelling persisted without any letup; the pain was constant, increasing when eating.

Examination showed a long swelling on the floor of the mouth on the right side beneath the tongue which was very tender. Bidigital palpation revealed a hardened mass; pus was seen coming from Wharton's duct which was dilated. Upon inserting a probe grating could be felt. After thoro cocainization and locating the stone, Dr. Nisselson made a longitudinal incision over it and the stone popped out. It was twenty-five millimeters long, nine millimeters at its widest part and tapering to a point.

A Unique Case of Transmission of Acquired Character.

Marcus Hartog (*"Problems of Life and Reproduction"*) cites the following case of which he had personal knowledge:

The subject was a man, moderately myopic, very astigmatic in the left eye, extremely myopic in the right. As his left eye gave such bad images for near objects, he was compelled in childhood to mask it, and acquired the habit of leaning his head on his left arm for writing, so as to blind that eye; or (when this was checked) of resting the left temple and eye on the hand, with the elbow on the table. At the age of fifteen the eyes were equalised by the use of suitable spectacles, and he soon lost the habit completely and permanently.

He became the father of two children—a boy and girl whose vision (tested repeatedly and fully) was emmetropic, which shows that they had not inherited the *congenital* defect of their father. (This statement was qualified by noting that the girl a few years later developed slight astigmatism, asymmetrical in both eyes). At the same time they both inherited his early *acquired* habit, and needed constant watchfulness to prevent their hiding the left eye, when writing, by resting the head on the left forearm, or hand.

The writer declares that imitation is here quite out of the question.

Sunstroke (Insolation).

In sunstroke it is of importance to recognize whether the temperature is subnormal or very elevated. In the first instance the usual treatment for nervous shock must be applied; in the second the body must be rapidly cooled by the application of ice or flowing water. In both forms, however, the patient should be laid down on the ground in the open air but in a shady place,

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and stimulants administered, such as ammonia held to the nostrils; nitroglycerin hypodermically.

Cold by ice bag applied to the shaven scalp for a time, cold sponges, ice sponges and cold baths are useful measures to reduce the temperature.

Veratrum viride, also gelsemium may be given when the pulse is full and strong.

Artificial respiration, when the breathing threatens to become suspended, has given satisfactory results.

As soon as the patient is able to be moved he should go to a cold climate.

Sterilization of Catgut.

The method of choice to-day is the iodine method, at once simple and reliable. Commercial catgut is steeped in ether for twenty-four hours and then transferred to a 1 per cent. solution of iodine (containing potassium iodide) for eight days.

It may be kept in this solution indefinitely. Before use it should be placed in sterilized water for a few minutes.—*Brit. M. J.*

The New York Clinic for Speech Defects.

143 EAST 37TH STREET, NEW YORK.

Dear Dr. Robinson:

I shall appreciate it if you will announce to your worthy readers in your very able way the existence of our Clinic which is the first of its kind in America, and what we are doing.

No doubt you realize that any serious defect of speech, such as stuttering means isolation and ineffectiveness thruout life. It is as serious a handicap as loss of limb. But it can be cured when treated with the scientific care of a well-equipped modern clinic.

Splendid institutions have grown up thruout our city to care for the insane, the feebleminded, the blind, the deaf and dumb. But more human beings are crippled by defects of speech than by any of these disorders. Never until now have they had a public clinic devoted solely to the cure of their affliction.

The necessity for such a clinic has been recognized by the State Board of Charities and licensed under the Laws of the State of New York.

All ages, nationalities, classes, creeds, and colors, find their way to us. They are all poor; all disordered in speaking power; all need help and get it. We have only been open since November 1917 and our records show that the Clinic has already under treatment over 400 cases.

Cordially yours,

JAMES SONNETT GREENE, M.D.,
Medical Director.

[I take pleasure in calling our readers' attention to the Clinic For Speech Defects. Any cases of speech defect may be confidently directed to the above institution. Editor].

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THE MEDICAL

Critic and Guide

Incorporating the

Dietetic and Hygienic Gazette, Physicians Drug News & Office Practitioner

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $2.00 Single Copy, 25c.

The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Volume 21. NEW YORK, OCTOBER, 1918. No. 10.

Publishers' Notice.

The subscription price of THE CRITIC AND GUIDE is now $2.00 per annum, $5.00 for three years and $15.00 for life. Our old subscribers may take advantage of the old rates and remit now for *as many years in advance as they wish* at $1.00 per annum or $10.00 for life. We feel certain that even at $2.00 per annum THE CRITIC AND GUIDE will give as good value as any journal published and better value than most. But we wish to give our old subscribers who have supported us in the past the advantage of the old rates. Please attend to the matter *now*, thus saving us the trouble and expense of bills.

Editorials and Editorialettes

☞ NOTICE.—We are short about one hundred and fifty copies of the September issue of THE CRITIC AND GUIDE. Readers who do not preserve their copies for binding and will send us their copy will (1) receive our gratitude; (2) be remembered in our prayers, and (3) receive any one of our 10 to 25 cent pamphlets they may designate. We could also use a few copies of the July and August issues.

The CRITIC and GUIDE to Its Readers.

As this issue of THE CRITIC AND GUIDE will reach a number of new readers and subscribers, a substantial repetition of the introduction which appeared in the September issue will not be amiss. It may save misunderstandings.

THE CRITIC AND GUIDE is distinctly and frankly a personal journal. Rightly or wrongly, the Editor believes that he has a valuable message for the world and THE CRITIC AND GUIDE is his

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medium thru which he addresses those who are willing to listen to him, on a number of different topics. While primarily a medical journal, it is intended for the physician who looks at his profession as something better than a mere trade, who is interested in something more than magnesium sulphate, mixture of rhubarb and soda, tincture of nux vomica and unguentum hydrargyri. It is intended for physicians who believe that besides being physicians they are also human beings, and that the patient besides being sick is also human.

The Editor's favorite motto has always been: *Homo sum et nihil humani a me alienum puto,* and besides medicine he is interested in a great number of subjects. And whatever he is interested in he writes about, hoping that his readers will also be interested in it, but not caring particularly whether they are or not.

The Editor was the first in this country systematically to advocate birth-control, individual venereal prophylaxis, a rational attitude towards sex education, and the interdependence of medicine and social-economic conditions. He is a great believer in free speech, free press, the universal brotherhood of man and above all in Tolerance. He is deeply interested in every modern thought movement, he is a voracious reader—not despising even novels—and he is pretty familiar with the literatures of half a dozen nations. He loathes and despises moneymaking mountebanks of the Billy Sunday type; he does not admire "big stick" statesmen; and he hates newspapers, renegade radicals, hoodlumism, cruelty and unkindness of every sort. And of all these things he likes to write and to commune with his readers. And he treats these various topics, so he is told, in a readable interesting manner. At the same time the medical part is not neglected, special attention being paid to the minor ailments and discomforts which are met with every day and which are neglected both in the colleges and in our textbooks and medical journals.

If knowing all this, you are willing to become a regular subscriber, we shall be glad to have you on our list. We might add that not only physicians, but pharmacists, clergymen, lawyers, dentists, nurses and social workers in general find THE CRITIC AND GUIDE both useful to them in their work and interesting.

This is the 190th consecutive monthly issue. Many people have violently disagreed with us, but nobody has yet accused THE CRITIC AND GUIDE of acting as a soporific.

Leading a Model Life.

A physician does see a good many human types in his office, and if he is somewhat of a psychologist and possesses a sense of humor, he cannot fail to be amused. There are more occasions when he is rather inclined to weep than to laugh, but I

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am not referring to them at this particular moment. I am referring to the amusing types. A gentleman has just left the office. Fortynine years of age. A paragon of virtue—of all virtues. Has always led a model life. Never smoked, never drank, never, or very seldom, stayed out late nights, very seldom went to theatres, ate very moderately and meat only once a day, and, what is more important than all other things combined, he never had anything to do with women until the age of fortyfive when he married a lovely girl of twenty-five. To hear him talk you would note that he thinks he deserves the Monthyon prize for virtue; and he feels very much aggrieved; for he finds himself completely impotent, and feels altogether poorly. And he is quite displeased; he doesn't question the wisdom of his Maker, but he does think that this is an unjust world, and that he has not been treated right. And that's what amuses me. All those fellows that come in and tell me of the model lives they are leading think that they deserve special medals, as if they were doing it for somebody else, as if in living hygienically they were bringing some special sacrifices. They do not know that the very fact that they lead "regular" lives, often proves them to be weaklings, that they could not live differently if they tried to, because if they tried to be "gay," they would be miserably ill; in short they live the way they do not because they are virtuous, but because they are weaklings, because they are below par generally. And because one is a weakling and must be a slave of his regular habits if he is to keep going at all, one does not deserve the Monthyon prize, nor even a tin medal. The strong man is not the slave of any habit—*not even the habit of regularity*. And he does not make a fetish even of the Goddess of Hygiene.

He does not always go to bed at the same time, does not always sleep the same number of hours, does not always take his meals at the exact minute, does not consume the same number of calories daily, and is not afraid to break now and then a law of nature, which by the way may not be a law of nature at all, only appear to be such in the mind of the faddist.—And such a man generally lives a fuller and a longer life.

Prostitution and Venereal Disease.

The bull-in-the-china-shop attitude towards prostitution, the brutal, almost sadistically cruel treatment of the professional prostitute, will not abolish venereal disease. It may diminish it somewhat. And then again it may not. It may increase it. It may increase it enormously. The professional out-and-out prostitute is not the principal source of venereal disease; at the present time she is the lesser source. The last seven successive cases of gonorrhea and the last two successive cases of syphilis that I have seen were not contracted from professional prostitutes, but from respectable women. Of course you may juggle the word prostitute, and call any woman who indulges in illicit

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relations a prostitute. But they certainly were not prostitutes in the common use of the term. They accepted no pay; they would have been highly insulted if pay had been offered them; two of them were married women, one was a trained nurse, the others were stenographers and salesgirls—a very prolific source of venereal infection at the present time. The regular prostitute, especially of the better class, is as a rule very careful. She is careful to examine the man, whom she will certainly reject if he shows evidences of venereal disease, and she is careful to use antiseptic douches both before and after. Those douches act in the vast majority of cases as efficient prophylactics. But the amateur girl has neither the knowledge nor the facilities for using prophylactic measures, and if she gets a gonorrhea she goes about scattering it in blissful ignorance far and wide, and the damage she may do is sometimes really incalculable. Another thing: in going with a prostitute the man himself is careful, and uses a wash or some prophylactic tube; but in going with a nice, respectable, regularly employed girl, the man does not imagine that there can possibly be anything the matter with her; "she looked so clean and dainty," and he has known her so well that he cannot associate venereal disease with her; and for that reason he does not consider it necessary to use a venereal prophylactic; besides, it would be an insult to her to use a prophylactic in her presence —and so the venereal disease goes on marching, marching.

It has been my opinion for many years that the ruthless suppression of prostitution would increase venereal disease; the results in the civilian population seem to lend considerable weight to my unorthodox opinion on the subject.

By the way, in referring to seven cases of gonorrhea, I was speaking of male patients, and did not include two women, one married and one unmarried, who contracted the disease, the first from her husband, the second from her fiancé. Both men contracted the disease from respectable girls, and gave it to their lawful partners before the disease had developed in them and before they were aware that they had it! No, the professional is at the present time not the greatest danger; the respectable amateur is.

A White Woman and a Negro.

In an editorial in the July issue of The Southern Medical Journal the editor refers to an unspeakable case. A white married woman, belonging to the middle class and having five children was raped by a negro, who escaped. The woman immediately became pregnant, and it was established to the satisfaction of everybody that the impregnation was the result of the rape. The woman wanted an abortion produced, but the various physicians to whom she appealed refused to interfere with her condition. We thus have the horrible condition of a respectable white woman who absolutely without any fault of her own would

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soon become the mother of a negro child. How she and her husband would feel after the birth of the child, how her other children would feel, how the negro child itself would feel, these are points which can be better imagined than described. To a decent normal person, whose mind has not been perverted by vicious and immoral teachings, such a problem is very easy of solution. But the editor says that "it presents a perplexing problem of many phases which we do not profess to know how to solve. We must admit that as heartless as it may seem to some, we cannot see the wisdom of abortion even here."

Poor editor! One can see that you sympathize with the poor mother but that you lack the intellectual courage to arrive at a proper conclusion—or what is still worse, the moral courage to say what you think. I will do it for you. Much as I am opposed to abortion in general, in a case like the one before us, to force the mother to bear the negro child for nine months, and then to nurse it, feed it and bring it up, is a damnable crime. And if our physicians were not intellectual and moral imbeciles, such a woman would not have to appeal to a number of physicians, each one of them heartlessly refusing to interfere with her condition. Of course the fact of the woman having been raped by a negro makes the condition still worse. But I will go further and say that no woman should be forced to become the mother of a child when the pregnancy is the result of rape, no matter whether the rape was committed by a black, white, green or yellow man. And even when the pregnancy is not the result of rape, but the result of deception, seduction by promise of marriage, etc., the woman should have a right to be freed of her undesired offspring. In fact, dear editor of The Southern Medical Journal, decent and free thinking men believe that there should be no such thing and in a civilized community there will be no such thing as forced pregnancy, pregnancy against the woman's will.

Another Divorce Case.

In looking thru legal decisions one comes across now and then an interesting case which throws a flood of light on our social and economic institutions. In a recent case (Strandness vs. Strandness, Penna.), the honorable Court refused a decree of divorce altho the wife who was over thirty years of age when married was "weak, feebleminded, with the mental development of a child nine or ten years of age, had a guardian of her estate appointed by court, and did not possess the mental strength to comprehend the nature of a marriage contract and to give her free and intelligent assent thereto."

Three beautiful facts stand out glaringly when you look into this case. First, the fact that the woman in spite of being a moron, in spite of being permanently feebleminded, found a man to make her a lawful wife. Perhaps the fact that she was well-

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to-do, that she had an estate, accounts for that. The second fact is that the marriage was not performed secretly, that she was not dragged into it by a designing villain, but it was performed with the knowledge and consent of her relatives; for it states that the relatives of the bride were present at the wedding, that the wedding was performed by a minister and that there was a wedding supper. The third fact which gladdens our heart is the proof of the high esteem in which marriage is held in a civilized country. It proves the high sanctity of the institution. Marriage is marriage. And in spite of Mrs. Strandness being feebleminded, or insane, she is to remain a married woman and is to give birth to a lot of little feebleminded Strandnesses. She couldn't use any birth control information even if she had it, while to give Mr. Strandness the information would be criminal. It is a great and glorious world.

The Successful Treatment of Sweating and Ill-Smelling Feet.

Sweating and smelly feet—or *hyperidrosis et bromidrosis pedum,* if you prefer Latin, tho the Latin will not cover the smell—ill-smelling feet by any other name will smell just as ill—constitute a very annoying affection. You have heard stories about divorces which have been brought about as a direct result of this occasionally extremely offensive condition. Personally I know of no cases of divorce from this cause, but that bromidrosis of the feet acts in many, very many cases as an insuperable inhibition to the sexual act, to this I can testify from my personal practice. And yet there is absolutely no excuse for permitting this condition to exist, for I know of no case of perspiring and ill-smelling feet, no matter how bad, that cannot be completely and permanently cured within a few days. I am not in the habit of making strong dogmatic statements in the domain of therapeutics, except when I am sure from personal experience on a large number of cases that I know what I am saying.

The basis of the treatment is Potassium Permanganate. Buy two or three ounces of it, dissolve one-half teaspoonful in a basin of water. Dip the feet in the solution for 5 to 8 minutes, dry them and go to bed. In the morning, rub the feet with a powder, having the following composition:

Salicylic Acid	3 grams
Alum	5 grams
Starch	10 grams
Talcum	82 grams

Also sprinkle some of the powder into the stockings. New stockings or socks must be put on every morning and the bathing of the beet must be continued for 5 or 6 nights. This, as a rule, brings about a cure. I prefer potassium permanganate to any other drug for this purpose. Formaldehyde will cure this con-

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dition just as effectively and in some cases even more quickly than potassium permanganate, but it has the disadvantage of hardening and cracking the skin. In bad cases, where the skin between the toes is raw, as often happens, little pledgets of cotton saturated with spirit of camphor have to be put in between the toes. This heals the skin in 2-3 days. It is advisable to continue the use of the powder until the tendency to hyperidrosis and bromidrosis seems to be permanently cured.

"The Fakers of Science."

Most of our readers may be familiar with the old fable of the elephant and the pup. An enormous elephant was being led thru the streets of a city. On perceiving him a diminutive pup began to run after him, barking furiously all the time. Of course the elephant paid not the slightest attention. But the pup kept on barking. A little fellow pup asked the barking pup: "Why barkest thou so when the elephant pays not the slightest attention?" "O, that is all right," answered the barking pup: "Everybody will think 'The pup must be very strong if he dares bark at an elephant.' "

We were reminded of that fable, and it is not the first time that we were so reminded, by an article from the pen of one Casper L. Redfield, a senile gentleman residing in Chicago, who during the last two or three years has been suffering from uncontrollable fits of cacoethes scribendi, and who has been bombarding the medical journals of the country, mine among others, with utterly insipid, meaningless and false articles. The article I am referring to now is one entitled "Fakers of Science," and among the fakers of science he puts *Charles Darwin*! He says: "The first faker to whom I will call attention is Charles Darwin."

Now, a man has a right to be an ass, and a man cannot be blamed if he is suffering from senile dementia. But that a medical editor can be found so ignorant and so devoid of self-respect as to give space to such an article, that is sad indeed. But it is a generally prevalent evil. We have a large number of so-called medical journals in our midst that exist not for the purpose of imparting information, but exclusively for the purpose of making a few miserable dollars. The reading text is of secondary importance to the publisher, the thing he cares most or exclusively about are the advertising pages. Such journals naturally can get only a few contributors, and those of the lowest kind. And when they get an article, even if it is from a layman, which has a few scientific terms jumbled together, they are glad to print it without reading it, without subjecting it to any analysis. This is the only explanation why articles from a man like Mr. Redfield, which under normal conditions would be found in one place only, namely the wastebasket, are found in a number of medical journals.

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Don't Empty an Over-Distended Bladder All at Once.

If you get a patient who has been unable to urinate for many hours or several days and whose bladder is distended to the bursting point, and you succeed in passing a catheter thru a torturous stricture or hypertrophied prostate, do not be so overjoyed by your manoeuver as to empty the bladder all at once. Empty several ounces at a time, let the man rest, and then continue. If you do empty the bladder all at once, the man may get into a severe or even fatal collapse. Or he may develop a severe, acute nephritis. Some even claim that the patient may develop insanity. Dr. W. F. Faison, of Jersey City, refers to a patient of his who as a result of sudden emptying of the bladder, became insane and remained insane for four months.

I do not imagine that insanity can be a frequent result of the emptying of a distended bladder, I do not understand the rationale of the thing, but it is best to be on the safe side.

Popular Causes of Insomnia.

In one of the popular health journals, those inexhaustible mines of misinformation for the people, a popular writer writes all about sleep. What he does not know about sleep would fill twelve issues of that journal. Without looking at the article I could have given that author's causes and treatment of insomnia.

"One of the *chief* causes of insomnia is a deranged condition of the digestive organs." Quite simple—and quite untrue. There are hardly any cases of insomnia which are due to digestive disorders. In fact they can be practically eliminated as a cause. If a person will eat a heavy indigestible meal before going to bed he may have a disturbed sleep, but there is quite a difference between a *disturbed* sleep and insomnia. "A full stomach is harmful and is often the cause of insomnia." Again quite simple —and quite untrue. Very, very seldom is a full stomach a cause of insomnia. Most people sleep better on a full stomach; and an empty stomach is much more frequently the cause of insomnia than is a full stomach. Following the suggestion to have a good meal in the evening, or at least some sandwiches or a glass of hot milk with crackers has cured many a patient of his insomnia. "Insufficient ventilation is another cause." It seems cruel to contradict such an apparent gospel truth, but the statement is false. Did you ever see the sleeping places of the Dutch peasants, and even of the middle classes? I have. Every means is taken to exclude the possibility of any air entering the sleeping box. And still they sleep splendidly. It is heretical to say anything against ventilation, but if you ever watched animals sleep, you could not have failed to notice that they are not anxious for much air when they sleep. "Too many bedclothes" another cause. Piffle.

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"It has now been ascertained that sleep is largely the result of monotony or boredom." Oh, double-distilled piffle. The very worst, the most intractable cases of insomnia that we have to deal with, are cases of insomnia which are the *result* of monotony or boredom. People with numerous pleasant interests and some pleasurable excitement seldom if ever suffer from insomnia. And so thruout the article the author mentions the pifflingest causes of insomnia which are no causes at all, and not even once, by chance, does he hit the real cause or causes of insomnia.

But why blame him? He doesn't know any better. If he did, he might not care for popular health journals; and again if people with real knowledge began to write for the popular health journals, the latter would cease to be what they are now—mines of misinformation.

Ferrous Iodide in Adenoids and Enlarged Tonsils.

From the very first year of my practice, nay, while still at college, I was of the belief that surgery should be a last resort, when medicinal measures have failed or when we know beforehand, from large experience, that medicine is powerless. I was connected for one season with a children's dispensary, in which the children of the poor were frequently adenoidectomized and tonsilectomized. The immediate and remote results were such as to disgust me with those operations, at least as performed in dispensaries on children of the poor.

I remember that soon after graduation, when I was young indeed both in years and experience, but not so young in common sense, in discussing a paper read before the Harlem Medical Association, I ventured to suggest that before subjecting children to the removal of adenoids and tonsils it would be well to try a course of syrup of iodide of iron or hydriodic acid, with cod liver oil as an adjunct. You should have heard the sniffing, seen the contemptuous or condescending smiles.

I am glad to know that now physicians evidently do believe in syrup of ferrous iodide, and in a most excellent paper entitled Facts and Fancies about Tonsils, which appeared in the *Medical Record* for June 22 and which I would advise everybody to read, the author, Dr. Henry L. Swain, Professor of Otology at Yale, quotes Dr. Geo. W. Boot as saying that "such tonsils *very frequently* undergo reduction in size *very rapidly* (italics mine) under syrup of iodide of iron or potassium."

Well, the truth is bound to come to the surface, but it so confoundedly slow in making its way, and in the meantime humanity is crucified on the cross of ignorance and opinionated authority.

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When the Kid Swallows a Pin.

Children will swallow things that they shouldn't, particularly when there are too many of them and only one mother to take care of them all. Almost from the first day they are born they like to put things in their mouths. It is remarkable how young some of those foreign-body swallowers are. Thus for instance Dr. Willy Meyer recently demonstrated a baby seven weeks old who swallowed an *open* safety pin, which passed per anum 19 hours later. When the child swallows a nail or a pin or a whistle or what not the tendency is to administer at once a purgative. This is bad practice, and in case of sharp pointed objects may aid in causing perforation. The proper method is to give the child *solid* food for a day or two so as to embed the foreign body in a protective coating. Give plenty of potatoes, rice, bread, crackers, etc. One of the best things to give, to older children, is mashed potatoes with which has been incorporated a considerable quantity of *absorbent cotton,* in small pieces. After two to three days, if the foreign body has not yet passed, a dose of castor oil may be given. Sometimes the body passes down to the sigmoid and gets stuck there; by inserting the finger it may often be reached and removed. Where feasible, it is well to follow the downward course of the foreign body with the X-ray.

Quarantine All Cases of Whooping Cough.

Whooping cough is such a nasty disease, leaving such wretched sequelæ, crippling so many children *for life,* that strenuous measures should be taken in every State in the Union to have it not only reported but thoroly quarantined. Several States have recently passed such laws and it is high time for New York to pass a similar law. In Ohio, for instance, whooping cough has become a quarantinable disease since July 1st. The house where a whooping cough case occurs must be quarantined and the patient isolated for four weeks from the beginning of the cough. The child may leave the premises under the supervision of a responsible person provided it stays not less than five feet from any other child and wears an arm band marked "whooping cough" in letters at least one-half inch high. Children in a house where there is whooping cough may not attend school or any public gathering. Any child who has been exposed to whooping cough and has not had the disease must be quarantined fourteen days from the date of the last exposure, but is permitted to leave the house if the case is under the supervision of a physician.

As stated above, we think that similar regulations should be passed in every State in the Union. Everything should be done to limit the spread of this crippling disease.

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A Rush on Yeast.

When one gets one, two or three journals he is not apt to notice that some peculiar things are going on. But when one gets one hundred and fifty he cannot fail to become aware of certain tendencies or happenings unless he is actually blind. All at once I began to notice article after article on the therapeutic value of yeast. These articles have been appearing not only in privately owned but in our state and official journals. What was the matter? I thought. Yeast is an excellent remedy in certain conditions, but it is not a new remedy, and why should there be all at once such a mad boosting of yeast?

The advertising pages often give a clue to the reading pages, not only in our lay but also in our medical papers, in fact much more so in the latter than in the former. And I looked in the advertising pages, and lo and behold, every journal that had an abstract or an editorial on the value of yeast also contained a full page advertisement of Fleischmann's yeast. That of course explained the matter.

Now, do not for a moment imagine that I object to yeast as a remedy. I have been prescribing it for years in acne and furunculosis. I haven't even any doubt that of the freshly prepared yeast Fleischmann's may be the best. It is simply funny to see how the paid announcement in the advertising pages influences and stimulates the reading pages.

Minor Ills and Ailments.

Is cholera a more important disease than coryza? Maybe it is and maybe it isn't. It all depends upon the point of view. If the relative importance of a disease is determined by the severity of its symptoms and its mortality, then cholera is unquestionably more important than coryza. But if the importance of a disease also depends upon its frequency, upon the number of people it affects, upon its possible complications and sequelæ, then coryza as is the more important malady. There are thousands and thousands of physicians who never have treated and never will treat a case of cholera; there are no general practitioners who have not been called upon, one time or another, to treat cases of coryza. Nevertheless to fail to answer questions as to the etiology and treatment of cholera would be disgraceful, and would cause the medical applicant to be flunked; while to be able to give a really satisfactory treatment for coryza or a cold in the head is rather beneath the dignity of the established M. D. The reason for this state of affairs is not far to seek: cholera has a high mortality, coryza has no mortality at all, at least no direct immediate mortality. And you will find this to be the case in all departments of medicine: those diseases that have a high mortality, are extremely painful, are followed by total disability or the total loss of one or more of the senses,

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are given thoro consideration, while the minor ailments, no matter how frequent, no matter that in their totality they probably cause more suffering than the serious diseases, are disregarded and thrown into a corner.

As there is an economic basis for most things in this world, so there is an economic basis—at least the editor believes so—for this state of affairs. In former days the vast majority of the people were poor, very poor. They called in the doctor only when death threatened or the pain was intolerable; to minor ailments they paid no attention; they did not matter so much, and they could not afford to pay the physician for every "little thing." Hence the doctors did not bother with those little things, and the colleges, whose curricula were not any too extensive, devoted the little time they had to the big diseases. And tho the condition of the people has changed materially—they are much better off economically, hence are more self-respecting and are willing to pay for the relief of their minor ailments, discomforts and disfigurements,—such is the dead weight of inertia, and such is the lack of original thinkers and innovators in the teaching of medicine, that the general principle of the curricula is the same as it was fifty years ago. And we have the perfectly outrageous state of affairs of medical students being forced to give, for instance, all the steps and details of a delicate operation on the eye, which only a skilled ophthalmologist would be able to perform, but being unable to handle, because they were not taught to, the simplest ailments and accidents which they will have to meet every day in their practice.

And what is the result? Here is Dr. A., who knows all about framboesia but who could not to save his life write a prescription for freckles; Dr. B. can remove a breast, but cannot tell what is good to cure cracked nipples which make the mother wince each time the baby nurses; Dr. C. can cystoscope the ureters but does not know what to prescribe for pruritus scroti which has kept the patient awake for several nights and is driving him "insane;" Dr. D. can neatly remove a prostate—even when not strictly necessary—but he does not know what to advise for too frequent nocturnal emissions, while the entire subject of sexual impotence, the resultant misery of which is a *million* times greater than that of hypertrophied prostates is beneath his dignity. Dr. E. can amputate a foot, but ask him to advise something for corns and bunions and he will feel insulted; Dr. F. can completely defeminize a woman, removing at one sweep the ovaries, Fallopian tubes and uterus, but he cannot write an effective prescription for leucorrhea, nor does he know how to handle intelligently the various nervous troubles accompanying the menopause; Dr. G. knows a good deal about labyrinthine disease, but is unable to remove cerumen from the ear; and so on ad infinitum. In short, as was stated before, the serious diseases monopolize the field to the complete neglect of the minor every-day ailments.

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Ask the ordinary physician for his treatment of acne, asthma, aphthous stomatitis, pruritis ani, barber's itch, bedsores, bee stings, belching, black eye, blepharitis, foul breath, bromidrosis, chilblains, chordee, dysmenorrhea, epistaxis, hives, impetigo, ivy poisoning, lumbago, pharyngitis, pink eye, ringworm, seborrhea, shingles, stye, sunburn, ingrown toe-nail, tapeworm, varicose ulcers, vaginismus, warts, wry neck, to mention but a few of the minor maladies, and you will find that his answer will be vague, general, unsatisfactory—or a complete blank.

This is not as it should be. The people have a right to have their minor ailments and discomforts, as well as their more serious diseases and accidents, attended to; and a practical knowledge of the treatment of the minor miseries of life would not only redound to the financial benefit of the physician, but would greatly strengthen his professional status, which is even of more importance. In fact the public is apt to judge of a physician's fitness by his ability or inability to attend to little things. How can they have confidence in the doctor's ability to cure a serious disease, when he could not cure baby's hives, was unable to remove Ethel's freckles, or cure Freddie's chapped lips or impetigo? Many a physician has lost a good family on account of his inability to treat successfully a minor ailment. And when he looks for the information in his library, he finds it vague and scattered or non-existent. By hunting thru a number of books he may find the information desired—but it is often contradictory in character, and the process is too time-consuming. Strange as it may seem, there is *not a single book* in the English language dealing with the subject of minor ailments in a concise practical manner. And this statement is made with full deliberation, after examining the greatest medical library in the country.*

It will be the object of THE CRITIC AND GUIDE to fill this longfelt want (a disagreeable, threadbare, but in this case truthful phrase), and to give the general practitioner all the practical information needed in the treatment and proper handling of the numerous minor ills, ailments, discomforts and accidents to which the human race is subject and will, most likely, continue to be subject for many years to come. While we have never neglected the minor ailments, we will pay special attention to them in the future.

Formula No. 7.

We are becoming as bad as the patent medicine manufacturers in giving names to new combinations. Instead of using an intelligible scientific name, we use abbreviations or numbers, and we know we will soon be overwhelmed by requests from

* There is a book on the subject by Leonard Williams, but in our opinion it does not at all answer the purpose. In fact the name is misleading.

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subscribers to give the formula for this and for that. "What is formula No. 7 used for burns in the British Army?"

Formula No. 7 has the following composition:

Resorcin	1 part
Oil Eucalyptus	2 parts
Olive oil	5 parts
Paraffin, soft	25 parts
Paraffin, hard	67 parts
	100 parts

The hard paraffin is first melted and mixed with the soft paraffin and the olive oil; when the mixture has cooled to about 130° F., add to it the resorcin (which has been previously dissolved in just sufficient absolute alcohol) and the oil of eucalyptus.

The Wassermann Test Post Mortem.

Tho the information is not of great practical utility, still it is interesting to know that the Wassermann test performed on the blood of the dead (recently dead of course) gives almost as definite results as when done on the blood of the living. Of course the dead man does not care particularly to know the result of the test; in fact it must be a matter of profound indifference to him as to whether the result is negative or four plus. Nevertheless it is useful from a scientific standpoint, helping to confirm or to refute the diagnosis made ante-mortem, and, what is more important, it may throw light on some obscure and baffling conditions *in the children.* Now and then the test may also possess some medico-legal value.

But, on the other hand, should not a man be left alone even after he is dead?

Attempts at Abortion When No Pregnancy Exists.

Never will the exact or even approximate number of women, married and unmarried, be known who go to early graves as a direct result of induced abortion, or attempts at abortion. But the most pathetic part of this deplorable business is the fact that many women lose their lives, or become chronic invalids, from attempts at abortion *when they are not pregnant at all.* An ordinary delay of three or four days in the arrival of the menses, or a delay due to a cold or anemia, throws them into a frenzy of fear, and they rush to the abortionist, to the ignorant midwife, or they make the attempt themselves in their poor awkward bungling manner. And if the bungling attempt is unfortunately followed by death in such a manner that an investigation is instituted, a postmortem examination demonstrates the fact that the poor woman was not at all pregnant. A number of such cases have been reported in literature, but the number reported is infinitesimal compared with the number of cases known only to the few mourning members of the family.

A sad, sad world.

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Excessive Acidity as the Alleged Cause of Enuresis.

One of the causes, perhaps the principal cause, of the slow progress of medicine, is *parrotism;* parrotism is a condition consisting in repeating what somebody else has said without analyzing the reasoning or verifying the alleged facts. It is sufficient for a statement to appear in a textbook or in a medical journal for it to be copied and recopied year after year, really ad infinitum. And because it is encountered so often it is taken to be a well-established, incontrovertible fact. How many times have you come across the statement that acidity of the urine is a cause of nocturnal incontinence? I just glanced thru an editorial article on the subject in an esteemed contemporary (Medical Council, August), and there the same statement appears boldly, as if it were a gospel truth: "A *common specific* cause [of urinary incontinence] is excessive acidity of the urine from uric acid, lactic and hippuric acids." Well, let me say, that this "ain't so." In not *one* case of nocturnal enuresis that I have treated, and I have treated many, have I come across any excessive acidity. Did anybody ever try to explain to himself why excessive acidity of the urine should cause enuresis? Why? And if excessive acidity were the cause, it would be one of the simplest conditions to treat, for it is certainly one of the easiest things to reduce excessive acidity or even to alkalinize the urine. And then make an experiment: give a child some sodium biphosphate (sodium acid phosphate, NaH_2PO_4) until the urine is strongly acid and see if that will cause the child to wet the bed. No, acidity as a cause of enuresis is nonsense. Bury it.

As to the treatment—the same parrotism prevails. It is belladonna, and belladonna and belladonna. If one wants to be really modern, he substitutes atropine for belladonna. Now, honestly and truly, could you take an oath, that a *single one* of your cases was really cured by belladonna or atropine? In my opinion, one instillation of silver nitrate is worth more than a gallon of tincture of belladonna, in a large number of cases.

Use critical analysis in the treatment of your cases, and cease being a therapeutic parrot.

Venereal Patent Medicines and The National Druggist.

There is a difference in pharmaceutical as there is in medical journals. Some, like *The Druggists Circular* and *The Bulletin of Pharmacy,* represent professional pharmacy at its best. Others represent commercial moneymaking pharmacy at its worst. To the latter class belongs *The National Druggist.* It stands for the unlimited, unregulated, unsupervised sale of patent medicines of any description, regardless of what effect they may have on the health of the public.

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There is a movement in a number of States to forbid or to regulate the sale of venereal nostrums, because enlightened public opinion is perceiving that self-treatment of gonorrhea and syphilis is fraught with disaster for the patient. And of course The National Druggist is up in arms. It cannot see, it says, any valid reason why the purchase and sale of patent medicines for the treatment of venereal disease should be interfered with any more than the purchase and sale of other patent medicines.

I do not wish to impugn motives. The human brain is a peculiarly complex mechanism. Within the last year or two I saw actions which I was convinced could only be the result of venality, corruption and vicious malice. But on investigation I discovered that that was not so, that they emanated from a very sincere but weak brain. And so I will not impugn the motives of the editor of The National Druggist. But I will say this. If the editor had a son who became infected with gonorrhea, and that son on the advice of a friend or a druggist began to stuff himself with copaiba and cubebs, and injected himself with some patent injection and in doing so developed a double epididymitis which rendered him sterile for life, or a severe prostatitis and seminal vesiculitis which laid him up for weeks and was followed by gonorrheal arthritis or endocarditis; or if the editor had a son who was unfortunate enough to contract syphilis, and on the advice of a friend he went to a drugstore and bought a stick of "caustic," with which he proceeded to cauterize his chancre for days or weeks, in the meantime permitting the disease undisputed sway, becoming covered with a severe eruption, getting mucous patches in the throat and an ulcerated palate, allowing the disease such a stronghold that it would become difficult or impossible to eradicate it, that son afterwards dying perhaps of general paresis, I say, if the editor of The National Druggist had the misfortune of seeing those things on his own children as I have seen them on many patients, he would begin to see that there *is* a reason for prohibiting the sale of venereal nostrums.

In a highly civilized state of society no restrictive laws will probably be necessary. But public opinion is recognizing that under our present social economic conditions many men and women must be protected against their own folly and against the cupidity and brutality of their fellowmen. It is for this reason that we have a pure food and drug law, it is for this reason that we have the Harrison anti-narcotic law. All of us—a few perverts, perhaps excepted—agree that it *is* necessary to regulate the sale of opium, morphine, cocaine and heroin. Because their unregulated use is fraught with disaster for the user. The same applies to venereal nostrums. We forbid their sale to the laity because their use is fraught with disaster to the patient.

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Only a very small and mean mind would claim that physicians want the sale of venereal nostrums prohibited on account of selfish reasons—because it would bring them more patients. The contrary is the case. No patient ever cured himself of gonorrhea or syphilis by self-treatment, and those who treat themselves during their first weeks with patent nostrums always have to be treated by physicians much longer than they would have to if they went to the physician in the first instance. Neglect of a gonorrhea during the first week or month or of syphilis during the first month or two often necessitates years of additional treatment.

We are glad to say that by far the greater number of pharmaceutical journals still believe that pharmacy is a profession, and as such has certain ideals, a certain *noblesse oblige* to live up to, and are decidedly opposed to the prescribing of venereal remedies by druggists, or their sale otherwise than on physician's prescriptions.

A Stupid Argument Against Birth-Control.

We are decidedly anxious to hear all possible objections against birth control. We do want to hear the other side and we do want to know if the opponents of birth control have objections which are unanswerable. We decidedly invite the opponents of birth control to give the greatest possible currency to their arguments. We do not want to hide our heads ostrich-like; our object is to know the truth. But when a man raises an objection which we show him is absolutely untenable, and he keeps on repeating it, then that man can no longer be considered a decent opponent, and we are no longer under any obligation to handle him with gloves.

That same Mr. Redfield, to whom we referred in another editorial, is very much opposed to birth control. He has the privilege to be. His opposition is based upon peculiar grounds. He claims that all great men are born from old parents only. He has a right to his belief, altho this theory has been shown to be worthless. Some of the world's greatest men were first and second children and were born from very young parents, as I have shown in my book *Eugenics* and *Marriage*. But even that is not the point. The point where he actually perverts the truth is when he states that birth control "if it has any meaning at all, means limiting the size of families by preventing children being born in *the later lives of their parents.*" This is false, because as we have gone to the trouble of showing him, it is during the first few years of marriage when the parents are not yet economically settled, when the greatest use is made of birth control. The most ignorant man knows that the first five or ten years of a couple's life are the most critical. It is then when the husband is trying to work himself up, and it is then when the wife often has to help along, and it is in those years that the fear of the

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too frequent arrival of children acts like a terrifying spectre. When the parents are financially well off they generally become anxious to have children.

The high-flown dogmatic statement that "such action [birth control] spells race degeneracy with *absolute certainty*. The matter involved is not any opinion or policy, it is a *law of Nature which is as inexorable as is the law of gravitation*," is nothing but silly, senile rot. His premises are wrong, his conclusions do not follow from his premises and are doubly false, and his facts are not facts but fantastic figments of a softened brain. And nevertheless his drivel finds space in our "medical" journals.

VAGINAL DOUCHING WITH BICHLORIDE. Of course we know that there are several cases on record of *death* resulting from douching with bichloride. Will it ever be known how many women have developed Bright's disease from douching with the same substance? If enough bichloride can be absorbed to cause death, surely enough must be absorbed to cause great damage to the kidneys, particularly if we take into consideration that some women use it two or three times a week, and some even every night.

* * *

PURGING AND TONSILLECTOMY. Medicine suffers from many sins and many evils. I believe I have contributed some little mite towards rational therapy, and towards rational analytical thought, towards a critical attitude, which is so very important in a physician who wants to guard against becoming a slave of "authority." If my years on this globe be many I trust to be able to abolish many evils, for evils, genuine evils, there are many. For the present, my immediate business is to do away with indiscriminate purging and overzealous tonsillectomies. Of course I have no objection to an occasional mild laxative, and to a tonsillotomy when clearly indicated, or to the destruction of the greater part of the tonsil (not the whole) with the cautery. But purging and tonsillectomy as now practiced are responsible for a vast amount of disease, invalidism and *Death*. Our propaganda generally brings results (see our birth control propaganda), and we know that when we get thru, less purging will be done and fewer tonsils will be massacred than is the case at present.

* * *

APROSEXIA. Aprosexia is inability to concentrate the attention and while present in several conditions it is particularly marked in *excessive* masturbation, in excessive seminal emissions, in spermatorrhea and sexual neurasthenia. It is also present in affections of the nose and throat, such as coryza, adenoids, naso-pharyngeal catarrh. Of course any acute painful affection will prevent one from being able to concentrate.

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Original Articles

For The Critic and Guide.

TREATMENT OF CONGESTION OF THE LIVER.

BY GEO. F. BUTLER, A.M., M.D.

The diet is of great importance in this condition. Highly seasoned foods, alcohol, pickles, sweets, are to be avoided and meat should be used in moderation. Bread and vegetables rich in starch should also be used in moderate quantities. Buttermilk, skimmed milk, eggs in moderation, fish, the white meat of chicken and turkey, green vegetables and tomatoes are appropriate articles of food. Fruits, oftentimes indigestible, may be used, and lemons seem to be of decided benefit in some cases. Many of these cases of acute congestion of the liver are due to errors of diet, and it is always necessary to correct these errors. When the case is marked by mild symptoms, very slight modifications of habit may suffice to effect a cure. In any case it is advisable to insist upon a somewhat sparing diet, such as I have outlined, and unless the case is severe, it is unnecessary to interfere with the ordinary occupation of the individual, unless this occupation entails much worry, or unless it leads to undue haste over meals. Ordinarily the trouble is not severe enough to send the patient to bed, altho it is commonly found that a moderation of the ordinary amount of exercise is beneficial. Recently one or other of the saline mineral waters has been recommended, and in cases of recurring acute congestion, much benefit may be derived from a short course at a good bath or hydrotherapeutic resort.

The benefit thus obtained is by no means solely dependent upon the nature of the mineral water, altho to some extent the laxative action is advantageous. A large element in the cure lies in the enforced detachment from business worry and the relative idleness entailed, and in the strict regulation of diet which is commonly enforced. In view of the fact that substances formed in the stomach and bowels by changes in the food tend to cause or keep up the hepatic congestion, these substances should be removed. The old plan of giving an emetic in such cases has gone out of vogue in a great measure, but such treatment often brings about prompt and decided relief. Lavage may be practiced with benefit even in cases in which there is protracted gastric disturbance. It is rarely necessary, however, as relief can usually be obtained by less unpleasant treatment. If the congestion is marked by febrile symptoms it may be necessary, and usually will be, to advise a few days rest in bed. During the time spent in bed, effervescent saline laxatives should be employed, sufficient to keep the bowels freely open. If there

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is much complaint of pain in the region of the liver, or much tenderness, relief may be obtained from the use of hot fomentations. When congestion is due to exposure to cold, similar treatment may be adopted. But frequently in the absence of febrile symptoms, patients will be found to rebel against the enforced inactivity and many cases of hepatic congestion from chill will run a mild course without causing any great interference of the ordinary habits. The duration of the attack will be shortened by rest in bed and the likelihood of development of other symptoms may possibly be diminished.

The bowels should be kept open by means of calomel in divided doses, or calomel, podophyllin and bile salts, followed by saline laxatives. After the bowels have been freely moved by these, some of the vegetable cholagogues, like leptandrin, euonymin, iridin, etc., combined with strychnine may be added to one or more of these agents with advantage.

Cathartics which stimulate paristalsis are valuable, as it is necessary that the contents of the intestines be hurried onward without allowing time for the absorption of liquids, and the amount of liquid in the portal system is to some extent controllable. When giving saline laxatives, give them in concentrated solution. It is now known that most saline purgatives tend to form a solution of six per cent within a short time after they have been administered, hence if given with a greater proportion of water, some of this fluid will be absorbed, while in a more concentrated form, the saline tends to abstract water from the intestinal vessels and will thus reduce the liability of portal congestion. When, however, salines are given in concentrated forms their action is somewhat slower than when freely diluted. To correct the fermentation in the stomach and bowels and the flatulence occasioned thereby, hydrochloric acid is useful and it is probable that its value in hepatic diseases is due chiefly to its influence upon gastric digestion, and that its action is indirect and secondary. When there is much intestinal flatulence, nothing is equal to the sulphocarbolates. Sulphocarbolates with bile salts act even better.

In cases due to malaria, quinine, of course, or the arsenical preparation, the arsenate of quinine, is a drug that is of most value. Along with the quinine, or after it has been used for ten days or two weeks, iron should be given for its tonic effect. Here the triple arsenates will be found of great value. Sometimes I have seen excellent results from the use of mercuric chloride, given with some preparation of cinchona. The antimalarial combination is of great value here. Strychnine arsenate gr. 1/250, quinine arsenate gr. 1/120, iron arsenate gr. 1/12, quinine hydroferrocyanide gr. 1/6, capsicum gr. 1/60. A dose this size may be given every two hours until a feeling of stimulation is experienced, when one three or four times a day will be all that is necessary.

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For the tenderness and pain in the hepatic region, hot fomentations over the right hypochondrium are very useful. A mustard poultice or turpentine stupes may be employed. In protracted cases painting the surface with tincture of iodine, or rubbing it with turpentine once or twice a day will be found advantageous. Dry cups will sometimes give relief, also a strong solution of ammonium chloride, or fomentations acidulated with hydrochloric acid applied over the region of the liver. All of these act well to relieve the pain and congestion.

Headache may require relief. Some simple remedy like potassium bromide or the acetanilid compound tablet will usually suffice.

When an attack of congestion of the liver tends to become chronic, some modifications of the course of treatment will be advisable, altho these modifications are comparatively slight. The chief alterations are connected with the amount of exercise that is to be taken. Certain forms of chronic hepatic congestion benefit from active exercise, while with acute congestion, greater improvement usually follows rest. The exercise must be adapted to the age and circumstances of the patient and to some extent it must depend upon his general physique; for patients who are abnormally stout gradually increasing walking exercises will give the best results, as the breathing power improves. When, however, circumstances permit, horse-back riding is preferable, since during the necessary active movements of the body the circulation in the viscera is facilitated and the tendency to constipation is diminished.

Many patients with chronic congestion of the liver derive benefit from massage and the use of baths, a douche applied over the region of the liver is of great service, and often even more beneficial is the alternation of heat and cold. Frequently in addition to the value of the baths, benefit will follow a course of treatment at a hydropathic establishment, where the modifications of diet and the use of waters with mild purgative properties have considerable influence over the hepatic function. Should the circumstances of the patient not permit the adoption of these measures, it will be necessary for him to attend closely to the action of the bowels and to favor some laxative action by the employment of some mild saline purgatives, preferably taken in the morning.

Patients with chronic congestion demand the same precautions with regard to diet as have already been indicated for acute congestion, tho it is rarely necessary to insist upon their being restricted to liquid diet.

The indications for treatment of passive hyperemia of the liver are: First, to remove the causes of the condition as far as this is possible. Second, to relieve the symptoms. Third, to correct evil results. In many cases of advanced pulmonary or cardiac disease, it is impossible to remove the cause entirely, but

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much may be done even in the worst cases to check the process of the morbid changes in the liver, and to postpone the advent of dangerous symptoms. In nearly all cases of cardiac trouble, digitalin is a drug to be relied on. It strengthens the action of the heart, constricts the blood vessels and acts as a diuretic. Other cardiac stimulants such as strophanthin, convallamarin, and sparteine may be used in place of digitalin, but they are less satisfactory. Strychnine and iron may usually be combined with advantage, and after the immediate symptoms are relieved, the digitalin may be discontinued, and the triple arsenates of iron, quinine and strychnine given instead. To lessen the engorgement of the liver, saline aperients are very useful. A full dose of effervescent saline laxative in hot water before breakfast will cause free purgation and very marked diminution of the swelling of the liver. Bleeding in any form is usually inexpedient, at least so far as relief of the hepatic troubles is concerned. Hemorrhoids are usually relieved by purgatives and of these the effervescent saline laxatives usually answer best. If they are a source of much pain, the local application of some soothing ointment will alleviate the distress.

TREATMENT OF "JAUNDICE."—The first essential in the treatment of jaundice is to ascertain the cause. To some extent this may be indicated by the nature of the associated symptoms and particularly by the rapidity with which jaundice occurs after severe pain in the region of the gallbladder. With the ordinary obstructive form of jaundice due to catarrh of the bile passages, altho complaint of pain may be made, the pain is not nearly so severe as with the passage of gallstones, and indeed it may consist more of discomfort and perhaps tenderness over the region of the liver, than of actual pain. Owing to the severity of biliary colic, the patient is confined to his bed from the commencement, while with obstructive jaundice it is usually so slight that he may pursue his ordinary vocation.

With cases of obstruction which are not the result of gallstones, the first symptoms to claim attention will be those of gastric catarrh which are so frequently the prelude to jaundice. These symptoms may be dealt with by partly modifying the diet and partly by gastric sedatives. The diet should be light and nutritious, but not necessarily consisting of liquids, tho from the severity of the catarrh the patient will commonly express a preference for liquid diet, or at least for a diet containing no meat or fat. Weak tea, dried toast and farinacious food will generally tend to allay symptoms of gastric catarrh, and at the same time preparations of bismuth and diluted hydrocyanic acid may be prescribed as gastric sedatives. As gastric catarrh is commonly associated with constipation, it is advisable to begin the treatment with small doses of calomel, followed by an effervescent saline laxative. This latter preparation may be continued on alternate mornings or oftener if necessary, during the continuance

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of the jaundice. It is not wise in these cases of catarrhal jaundice to give more active purgatives. There appears to be no advantage in causing frequent and copious action of the bowels, since in cases of jaundice the appetite so commonly fails early in the disease that there can be no benefit from frequent purgation, and moreover the purgatives might only tend to increase the irritation which is probably already present within the stomach and intestines. The acid wines and lemonade may be used in moderation, but alkaline drinks are decidedly preferable because they render the bile more liquid and probably increase the amount of it.

Krull has advocated the use of rectal injections of cold water for catarrhal jaundice and claims great benefit from this procedure. He employs one or two quarts of water of a temperature of 60° or 70° F. introduced into the bowel by means of a fountain syringe once a day. He states that the feces become brown in four or five days, and that the jaundice promptly disappears. Other practitioners have reported good results from the same mode of treatment.

The bitter tonics also are very useful in these cases, such, for example, as quassia and strychnine. The use of hydrochloric acid externally has been advocated, but I have found it of very little value.

For THE CRITIC AND GUIDE.

PSYCHOLOGY FOR SEXOLOGISTS.

BY L. E. EUBANKS.

A practical course in psychology would be of far more value to students than many of the subjects they are taught in the public schools. No man or woman should grow to maturity ignorant of this science, for acquaintance with its principles gives a man more actual mastery of self, of destiny, than any other knowledge. Modern therapeutists of all schools have now recognized that a working knowledge of the mind's operations is a valuable part of the equipment for their great work. Sexologists particularly find psychology entering into their studies constantly. Life is an aggregate of habits, and sex is life in its most intense form; proper sex habits, sexual normality, is one of the fundamental requirements for a truly efficient life.

It is a lamentable fact that there are yet many physicians unprepared to advise the victim of abnormal habits. Some say that the mental phase of such a case is out of their domain, and recommend a psychiatrist; but ordinarily this is not necessary, when the adviser has even a rudimentary knowledge of the nature of habit. It surely is good business and good humanitarianism to make medical service as efficient as possible, and it is undeniable that often scientific advice, simply imparted, is more effective than medicine. A bromide may last hours, where a mental sedative wisely given may remain potent for weeks, months, possibly a life-time.

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Someone has said, substantially, that vice is only virtue in a different guise. Again, "everything is good in moderation." These aphorisms are especially applicable to sexual habits. Natural functions become harmful perversions thru over-indulgence. Does this prove the function unnatural? Absurd! The man who preaches that sexual indulgence is unclean because it is practiced by filthy persons is not a logical thinker; the moralist-doctor who would ban intercourse unqualifiedly because excess leads to regret would be equally reasonable in telling us not to eat beans because too many cause colic.

So here we have the great difference between coitus as a habit and such habits as smoking, drinking intoxicants, etc. The former is harmful only in its excess, unnatural only when unphysiological; the latter is essentially unnatural, and harmful in exact ratio to the frequency of its indulgence. Note that I say *coitus;* not all forms of sexual gratification are normal. The unnaturalness of masturbation may be seriously questioned (as a surrogate for intercourse); but such perversions as pederasty and other homosexual practices are objectionable in any degree. The nature of the habit is, necessarily, the first consideration. Is it one to be properly modified, or should it be wholly eradicated? Sexual gratification of *some* kind most of us demand, and to ignore the wisdom of substituting natural outlets for the habit-energy is a grave error. Not that this in itself will always cure; but it is a great help, and the natural thing to do.

The first concrete step is to stimulate the desire in the victim to "straighten up." The hardest cases—they are practically hopeless—are those wherein the desire to reform is dead. I favor the positive methods in showing the wisdom of reformation; usually the poor devil has heard enough of the negative philosophy. Showing him what he may become and accomplish by self-mastery brightens him, and subconscious mentation, after consultation, is of the constructive kind. Drawing a lurid picture of the other side depresses him, shows him no actual reward, leaves the suggestion of fear to unfit him not only for his private battle but for his daily work.

Half of the abandon found in this class of sufferers is caused by the warnings of pseudo-physicians and the predatory "private disease" quack. An absolutely truthful statement to the patient of what may result from his folly is advisable; but to dwell on it is altogether destructive. Telling him what he can *yet* be and do awakens new strength in him, and distinguishes you from that other class of counselors whom he knows all too well. Victims of impotence, neurasthenia, masturbation, etc. are the most gloomy people in the world. Fear and pessimism are characteristic of these

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maladies; what they need as mental medicine is an antidote —not more of the same poison. Telling them that they are in desperate condition and will get worse if an immediate halt is not called, does little good. Perhaps the man was told a year ago that he was going to die in thirty days. Show him the other side, give him the powerful incentive of a home, wife and children; or if he has these, touch him on some other sensitive point. A little finesse on the examiner's part easily elicits the patient's hopes and ambitions. Touch him where he is most responsive. One of the best possible arguments is that reasonable control makes sexual enjoyment itself keener. Satiety dulls the sensibilities, while properly regulated abstinence adds manyfold to the pleasure of indulgence. There is science even in debauchery, and those who live for sensual pleasure only may get most for their investment (of health, time and money) by observing some restraint.

The sexologist should be able to explain in simple language the nature of habits' development. Figurative language is useful: Repetition wears a path in the mind just as many feet wear a path thru a vacant lot where distance may be saved. The more frequently the thoughts take a certain channel the more readily they do so, until they are seldom out of that groove. An expanded rubber band contracts quickly and completely after the first few uses, but after a while it retains the expanded form. Quit using the path and every day leaves it dimmer, weeds take it; refuse to think along sexual lines and the tendency to do so will lessen to the normal point. The sexual urge is such a large part mental that thought-control is the vital point in curing these perversions. Thought must precede indulgence, and if the mind can be trained to turn from the thought *at its first approach,* victory is certain. There must be no dallying. Here is a tempter with whom the tempted cannot safely argue till some resistance has been developed. The efficiency of this plan is evidenced by the fact that mental workers furnish most of the cases of sexual atrophy. They overdo control, and suffer from it. Herein lies a warning. No person should seek to annihilate the sex instinct, and of course real physicians explain this. A patient should be shown that health and happiness lie in the mean, not the extreme. At the beginning, the "lay-off" must be of sufficient duration to re-establish health and confidence. This and such medical treatment as the individual case requires are imperative. A few months' abstinence shows the victim that he is not a hopeless victim, and re-awaken ambition and resolve. Nearly any medical measures that facilitate control for this time are justified. As the inner strength develops the extraneous aids should be reduced, till the patient is his own master.

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Medical and Therapeutic Items

Eczema of the Vulva.

Eczematous Vulvitis is associated with pruritus vulvae. The patient complains of intense itching, of pain and of a discharge. A careful search should be made for the cause which should be appropriately treated. The patient may sit in a bath, for half an hour, an ounce of carbonate of potash and carbonate of soda being added, and the water having a temperature from 90 to 95 F. This will relieve the itching. Afterwards, one or other of the following preparations may be applied, on lint, to the vulva:

℞ Calaminae Preparatae .....gr. xl
Zinci Oxidi .....gr. xxx
Aquae Calcis
Olei Olivae .....āā ʒss

℞ Liquoris Plumbi Subacetatis .....ʒi
Acidi Salicylici .....gr. ij
Lactis ad. .....ʒii

℞ Zinci Oxidi.
Pulveris Amyli .....āā ʒij
Vaselini .....ʒss
Acidi Salicylici .....gr. x

Ointments containing boric acid, or oxide or carbonate of bismuth, are sometimes useful. Dusting powders of starch and calamine may be tried—*"The New System of Gynecology."*

Changes in Surgical Treatment.

Things come and things go.... Times and customs change. So do treatments surgical. I believe we shall ere long go back to some applications and doings of the old time because they are more nearly correct. A few among us have found out again that a poultice is at times preferable to the icebag, and leeches and venesection may save lives now often sacrificed.

Alcohol, pure or diluted, was the favorite wound dressing of the famous French surgeon Nélaton in 1865. It was again vaunted by Senn in 1898 during the Spanish-American war as being the best up-to-date. To me this affirmation still remains true. Not only is it the best wound dressing, it is also the simplest.

(From a letter of Dr. Beverley Robinson to *Boston M. and S. J.*)

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Sodium Sulphate in External Affections of the Eye.

Abécassis (*Jour. des Praticiens,* March 9, 1918) has obtained very satisfactory results in treating external affections of the eye with sodium sulphate. It is soluble in 0.3 of water, and saturation is obtained at 33° C., which is a suitable temperature for the bath. 1000 grams of the salt are dissolved in 300 c.c. of boiled water at 33° C. The ordinary salt must be freed from impurities by recrystallization from a saturated solution made at 33°, and drying the crystals thus obtained. An eye bath is given twice a day, the affected eye being kept in the solution for about a quarter of an hour each time. The eye bath when filled ready for use should be placed on some horizontal surface and not held in the hand whilst the eye is being immersed.

Relief is obtained in a few days. The solution is very successful in inflammatory conditions of the eye, in catarrhal conjunctivitis, contusions, and slight wounds of the cornea.

Therapeutic Uses of Celery.

Owing to the aromatic oil which it contains, celery acts as a mild carminative and stimulant. Carminatives favor muscular contraction and therefore favor the continuity of the digestive processes. The oil in celery is allied to the oil of parsley or apiol which is a well known carminative, stimulant and diuretic. Celery is further reputed to be "good for rheumatism." In an old receipt occurs the following: "The celery should be cut into bits and boiled in water until soft, and the water should be drunk by the patient. Put new milk with a little flour and nutmeg into a saucepan with the boiled celery, serve it warm with pieces of toast, eat it with potatoes, and the painful ailment will yield."

Celery contains sodium and potassium salts and also an amount of iron. Tho celery, if eaten raw, be injurious to many persons, the fibre serves a useful purpose in prompting stimulus to intestinal movement.—*Lancet.*

Organotherapy Two Hundred Years Ago.

Dr. Rodney H. True, lecturer on botany at Harvard College, in a paper read at a meeting of the Boston branch of the American Folk Lore Society, Febr. 19, 1901, gave a list of therapeutic agents, mostly of animal origin, forming the stock in trade of a European druggist some two hundred years ago. This list includes the fats, gall, blood, marrow from bones, teeth, livers, and lungs of various animals, birds, and reptiles; also bees, crabs, and toads, incinerated after drying; amber, shells, coral, claws, and horns; hair from deer and cats; ram's wool, partridge feathers, ants, lizards, leeches, earth-worms, pearl, musk, and honey; eyes of the wolf, pickerel, and crab; eggs of the hen and ostrich, cuttlefish bone, dried serpents, and the hoofs of animals.

With the development of materia medica in Europe, the use of animal drugs diminished; but during the last decade of the

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nineteenth century, extracts of animal organs were manufactured on a large scale, and found a ready market. Thus some of the articles mentioned are reckoned among remedial agents to-day, but most of them owed their virtues to mental action. Wolf's eyes in former times and bread pills nowadays may be cited as typical remedies, acting thru the patient's imagination and possessing no intrinsic curative properties, yet nevertheless valuable articles of the pharmacopeia from the standpoint of suggestive therapeutics. In a list of Japanese quack medicines, of the present time, we find mention of "Spirit-cheering" pills.—DR. ROBERT MEANS LAWRENCE: *"Primitive Psycho-Therapy and Quackery."*

Treatment of Colds.

Dr. D. C. Dennett (*Boston M. and S. J.*, 7. 11. '18) states that he has treated over two thousand "colds" with 25 per cent to 50 per cent. solutions of silvol and argyrol applied locally, combined with certain internal medication which was varied to suit the case. A cold may remain localized for weeks with no subjective symptoms. Early and proper local treatment may abort the attack or greatly lessen its virulence. Treat the eyes first by applying to the everted lids a 50% solution of silver vitellin. Give the patient a 25% solution of argyrol for home treatment and have him put one drop in each eye every three hours and two drops in each nostril.

Always treat the post-nasal space with a syringe and never with an applicator. After applying the silver to the pharynx with the syringe, direct the patient to hold his head down for a moment and as soon as the medicine appears in the nostrils the head should be held up and back and the silver snuffed up. The patient must not blow his nose after the treatment for at least an hour and not dislodge the silver-impregnated mucus in the postnasal space. The treatment is best given at bedtime. If the patient is up and about he should wear warm stockings, if in bed a hot water bottle should be placed at his feet. Rest is of great importance. Forty-eight hours in bed during a cold may prevent pneumonia.

Spraying is to be discouraged. Gargling may do good. A blood warm alkaline nasal douche, given with the Birmingham device, is useful if there are dust and dirt in the throat and nose. This should be followed by oil vapor, and this by a 25% solution of silvol or argyrol. Give sulphate of atropine and aconite in the first stage of "head colds;" steam and oil inhalations and warm air for "loss of voice colds;" Dover's powder early for "cold on the chest."

Do not give aspirin except for pain, and do not give quinine and whiskey.

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A Solvent for Wax in the Ear.

The following formula is recommended for dissolving accumulations of cerumen, epidermis, etc., in the external ear.

Ammonia water .....1 part
Poppy oil, sterilized
Ether .....of each 9 parts
Eucalyptol ..... 1 part

The oil and the ammonia are shaken together in a flask for ten minutes to produce an ammoniacal soap in the excess of oil. The mixture is warmed slightly on a water bath to expel free ammonia. After cooling, the ether and eucalyptol are added, and the mixture is well shaken up to obtain a homogeneous result. This shaking must be repeated at each time of usage. A small pledget of absorbent wool is soaked in the mixture and introduced into the ear. Pressure on the tragus with the index finger causes the fluid to run into the canal and forces the pledget out. This is done two or three times a day and in few days the liquefied plug is easily removed.—CRONZEL: *J. d. Med. d. Chir. prat.*, 4. 10. '18. cited in *The Practitioner.*

[What a lot of ado about nothing. A few minims of simple peroxide of hydrogen will accomplish in a few minutes what this complicated preparation promises to do in several days. Ed.]

Gentian Violet in Joint Affections.

Dr. John W. Churchman (*J. A. M. A.*, April 13, '18) obtained satisfactory results in treating infected joints by lavage and direct application of a 1 per 1000 solution of gentian violet.

A boy had acute pyogenic infection of left knee, following a slight wound of lower leg. Fluid withdrawn from joint was thickly purulent; a pure culture of Staphyl. aureus was grown from it.

Joint was irrigated with salt solution and stained with 1:1000 gentian violet, dye being left in joint for five minutes under considerable pressure.

A small amount of the 1:1000 gentian violet was left in joint. Six days later operation was repeated. Fluid withdrawn from knee was normally limpid synovial fluid, slightly stained with gentian violet; cultures made from this fluid were negative. The washings and stainings were repeated. Boy discharged with normal knee and no restriction of movement.

The method has been tried in pyorrhea alveolaris.

Treatment of Graves' Disease.

Dr. Hermon C. Gordinier (*N. Y. State J. of Med.*, July 1918) insists on rest, both physical and mental, as the most rational therapeutic means at our command in the alleviation and cure of Graves' disease. In addition thereto he enjoins exposure to abundance of open fresh air and sunshine in a dry salubrious climate at a moderate elevation. The question of

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feeding is of great importance. It has been the writer's custom to allow plenty of milk, cream, butter, bread, toast, eggs, cereals, rice, green vegetables, fruits, and, except in severe toxic cases, fish, chicken, lamb and beef in strict moderation and pure soft water in abundance; all stimulants, tobacco, tea, coffee, spices, pickles and most acids are not allowed.

In connection with proper feeding the writer emphasizes the importance of perfect elimination thru the bowels.

This may be secured by liquid paraffin, laxative drugs, enemas and colonic irrigation. An occasional blue pill or a dose of castor oil is a wise measure in those of constipated habit. Sodium phosphate given before breakfast has been found valuable in correcting the mild forms of constipation in this disease.

Tho medicinal treatment is uncertain in its results, the writer emphasizes the value of the neutral hydrobromide of quinine in conjunction with rest.

He uses the drug in capsules of from 3 to 5 grains, three or four times daily, continues this dose until tinnitus occurs, and then reduces the amount just short of this physiological effect. The secret of success in its use is to continue it over a long period of time, months or years with an occasional interruption only. When the symptoms are under control it is wise to decrease the dose to one or two capsules a day or perhaps to give the same dose but once or twice a week.

Furthermore, the writer has had considerable success, especially in cases that develop in early adult life, with phosphorus. It is administered in freshly prepared pills of from 1/100 to 1/50 of a grain thrice daily over a long period of time.

A cleansing bath each morning followed by one or more cold ablutions or a cold salt rub with gentle friction are comforting and often a warm bath at night will induce sleep. While the patient is undergoing the rest cure, general gentle massage is of considerable value.

All cases that have undergone for a reasonable length of time medical treatment and have shown no improvement should be placed in the care of a surgeon skilled in thyroid work.

Prompt Cure of Hysterical Deafness.

Drs. A. F. Hurst and E. A. Peters (*Lancet*, October 6, 1917) describe the prompt cure of two cases of absolute deafness, associated with normal vestibular reactions, which, in their opinion, are characteristic of true hysterical deafness. On both patients, who were soldiers, all kinds of suggestion and encouragement had been tried in vain. Then they were assured that a cure could be effected by an operation. A very light ether anesthesia was produced, a small skin incision made behind the ear, and at once an iron plate was hammered close to the ear. One of the men jumped off the table, and both were permanently cured.

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Eugenics and Sexology

How to Bring Up a Boy.

"Sultana mother, when does a boy become a man?" The moment had come, and she thanked Allah for it with all the fervor of her soul. Taking both his hands, she placed them on her heart. "My son, it is here that I carried you for nine months, keeping myself pure in action and pure in thought, so that your little body should grow within me in purity I thought of you, and you alone, from the moment you came to me. I breathed clean air, so that you should have it clean, I did not light one cigarette, lest it might annoy you. I ate no heavy food, so that you might not be disturbed by its heaviness; and never did I permit myself to feel anger or hate, so that you should not learn those mean things thru me. When you were born your little body was perfect, because I had worked for its perfection. All that is what the woman does for her son; but the son also has a father, and some day you will be a father of sons—when you will be a man. You should look upon your body as proudly as you do upon your rank, and keep it clean and sweet. You asked me just now when a boy becomes a man. I should say when he was twenty-one years old."

"Twenty-one," Bayazet repeated thoughtfully. "It seems to me a man is very old when he is twenty-one."

"My son, suppose you were in the woods, hunting, and the exercise had given you a great desire for food. Your food awaits you two hours away: there your table is spread. Nevertheless, you are very hungry, and come upon a small child eating. Altho it is only child's food, it would appease your hunger. You are bigger and stronger—would you take it from him?"

"But suppose that, instead of a child, I meet a man's feast, and am invited to partake—must I still keep on until I reach my own table?"

"Bayazet, in my allegory you cannot be invited to a man's feast while you are yet a boy; and you will not be a man before you are twenty-one. Should you take a wife before you reach that age, you would be like a hunter who stole the child's food. And that child would be your own son, and the food you would steal from him would be the strength and the power which you must reserve in yourself to give to your sons. A man is what his mother and father make of him. Would you like, my prince, to be the father of weak and sickly sons?"

Beyazet shook his head vehemently.

"Then remember that your sons are flesh of your flesh and blood of your blood, and that they will be what you make of them. You would not be what you are had I not thought solely of you before you were born. Should you misuse your strength before you are twenty-one you will rob your sons of their inheritance."

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"But my bodyguard told me that already there are women who wish to acclaim me as their lord. All my brothers are lords of women before they are fourteen. Am I, then, to be considered inferior to them?"

A shudder passed over Kizatesh Sultana as she listened to these words. Someone was already at work, like a thief in the night.

"My prince, do you think that the strong, fair-haired young gentleman who teaches you is less of a man than your brothers?"

"No; he is much more," Bayazet said decidedly.

"Yet he possesses no women—and he is far stronger, far more of a man than anyone here, just because he can be master of himself." Kizatesh clasped her son to her, and held him for a long time to her heart without speaking. "Lion, son, it is true that you are not yet a man to be father of men; yet you are man enough to make and keep a promise. Will you give a promise to your mother, and having given your promise, can you be strong enough and splendid enough to keep it?"

"Have I ever failed you?" he asked proudly.

"Thus far you have never failed me—but also you have never been put to a severe trial. Have you the courage to keep a promise to me, even if a great desire may possess you? Like the hunter in the woods, you may become hungry long before you reach your own table, and on all sides you may see tempting food which unlawfully you could make your own. Do you think you could then keep your promise?"

"I am sure I could," he replied proudly.

"Then let us have a trial—before you make any promise. For three days go without food, while seeing tempting food within your reach. That will show you how difficult it will be to resist."

Bayazet rose up, superbly indignant.

"Eagle woman, do you think you need to give me such trial?"

"I ask it as a favor."

"Well, then I accept—only it shall be five days instead of three."

"No, no! That is too much," Kizatesh cried.

"It must be five, because I will it."

To his mother's arguments he, in his wounded pride, would not listen. That feeling in him, which had revolted at the idea of any trial being necessary, now urged him to make the conditions of the utmost severity. Since his eagle woman doubted him, she should learn of what he was capable.

* * *

During the days of fasting Kizatesh Sultana did not spare her son. Delicious baskets of fruit were the first things that met his eyes when he woke up; plates of tempting slices of bread and butter and cold meats were placed on the tables in his dressing

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room. Even when he came to his lessons he found viands on his desk....

Bayazet touched nothing. On the evening of the fifth day he came to his mother. He was pale and felt dizzy, yet he stood before her as proudly as ever.

"I think you ought to have had more faith in me, Sultana mother," he said.

"It was not faith that I lacked. I wished you to know how difficult it would be for you to keep your promise. I did not wish you to say later: "My mother had no right to exact a promise from me which I could not possibly keep."

"And now that I have shown to you that I can do what I will to do, what is that other promise you wish me to give you?"

She took him in her arms. "You must eat first, my son. It is now five full days since a morsel of food has passed your lips."

"I prefer to take the oath now, fasting, as if this were the real Ramadan."

"Very well, my son. Perhaps it is better. I wish you to promise me that until you are twenty-one you will refuse to become lord of women."

Bayazet's eyebrows contracted. "I shall be laughed at, by my brothers; but since you and Addàm think it best, I will."

With hands folded on his breast he gave his mother the promise that she longed for.

DEMETRA VAKA: *"The Grasp of the Sultan."*

The Unnaturalness of Celibacy.

Celibacy is not natural to men or to women; all bodily needs require their legitimate satisfaction, and celibacy is a disregard of natural law. The asceticism which despises the body is a contempt of nature, and a revolt against her; the morality which upholds virginity as the type of womanly perfection is unnatural. To be in harmony with nature, men and women should be husbands and wives, fathers and mothers, and until nature evolves a neuter sex, celibacy will ever be a mark of imperfection.—ANNIE BESANT: *"The Law of Population."*

Sex Capacity after Castration.

Dr. G. Frank Lydston points out that in castration a certain amount of testicular tissue may escape removal or destruction, and the fact that a very small amount is effective in perpetuating virility constitutes an important source of error in the case of the oriental Eunuch and castrated animals, and of human males who have lost the testes as a result of accident or disease. The author recalls the case of an oriental chief eunuch, who proved to be the father of a number of

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infants presented to a certain polygamous patriarch by the ladies of the harem. It transpired that, when the eunuch was "castrated" as a young lad, the scrotum only was removed, the testes being temporarily retained—cryptoorchidism—only to descend later, with embarrassing results. The person of the chief eunuch being sacred, he was exiled—in an iron box by sea. The box "accidentally" was lost overboard in a convenient gale.

Conjugal Prudence.

John Stuart Mill (*"Political Economy"*) points out that in a very backward state of society, like that of Europe in the Middle Ages, and many parts of Asia at present, population is kept down by actual starvation. In a more improved state, few, even among the poorest, are limited to actual necessities; the increase is kept within bounds, not by excess of deaths, but by limitation of births. The limitation is brought about in various ways. In some countries it is the result of prudent or conscientious self restraint. It is a condition to which the laboring people are habituated; they perceive that by having too numerous families they must sink below that condition, or fail to transmit it to their children. The countries in which, so far as is known, a great degree of voluntary prudence has been longest practised on this subject, are Norway and parts of Switzerland. In both these countries the increase of population is very slow, and what checks it is not multitude of deaths, but fewness of births. Both the births and the deaths are remarkably few in proportion to the population. The paucity of births tends directly to prolong life by keeping the people in comfortable circumstances.

Prostitution and Crime.

Maurice Parmelee (*"Criminology,"* 1918) declares it is an egregious error to identify prostitution with crime. He points out that both the actions of the prostitute and her customer are due to natural human impulses, and that they act in mutual agreement with each other, so that their conduct does not give rise usually to conflict between individual interests, as is the case invariably with criminal conduct. Moreover, many women are forced into prostitution by economic necessity, because there are not enough openings for women in industries and the professions. Consequently, prostitution is to a large extent female professional activity, and is more the equivalent of male occupational and professional activities than it is of male criminality.

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Hygiene and Dietetics

Mental Hard Work Not a Cause of Insanity.

Dr. Henry Maudsley (*"Responsibility in Mental Disease"*) asserts that men seldom, if ever, go mad from great intellectual activity, if it be unaccompanied by mental agitation. When persons are said to have gone insane from mental overwork, the truth in nine cases out of ten, if not in all cases, is that anxieties and apprehensions, disappointed ambition, envy and jealousy, exaggerated self love, or similar heartaches, have been the real causes of the breakdown. Depressing passions involve a large expenditure of nerve force, and if the mind has not gained, by cultivation, an internal power of withdrawing the attention from them and of fixing it on other and more healthy trains of thought, or if favorable external circumstances do not counteract them, there can be in the end but one result—insolvency.

Prevention of Puerperal Sepsis.

An editorial in the *Boston M. and S. J.* (7, 18, '18) draws attention to the high puerperal mortality from septic infection and insists on the necessity of the strictest asepsis during parturition. The parturient canal presenting the best possible medium for the growth of pathogenic organisms, no degree of aseptic precaution is too much for observing during labor. Too frequent vaginal examination of the pregnant woman encourages infection and therefore rectal examination should be substituted. The possibility of hematogenous infections should not be overlooked. Infections of the teeth and tonsils may be responsible for puerperal sepsis. Examinations should be made frequently and any caries and other defective conditions should be promptly cleared up.

Alcohol and Human Metabolism.

It is an interesting fact that human beings all over the world are prone by instinct to employ certain substances, day in and day out, without being able to explain their action by any other statement than they like them, whereas modern science can at least in part reveal the real reason. The universal use by hundreds of millions of people of plants containing caffeine, or nearly related substances, is explained by scientific investigation, which reveals the fact that these substances increase efficiency and diminish tissue waste, provided they are properly used. There is some evidence that this is true also of tobacco. It is true of alcohol. It would appear that we are approaching the time when the medical profession, in order to protect its abilities to combat disease, must see to it that too radical legislation is not

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enacted. Laboratory investigations must be employed to explain certain facts in order that the use of strong or weak alcoholic fluids may be wisely controlled and rationally resorted to.—(Editorial *Therapeutic Gazette*, July 15, 1918.)

The Cure of Constipation by Psychic Means.

Dr. Paul Dubois (*"The Psychic Treatment of Nervous Disorders"*) gives the following advice for the treatment of constipation: (1) Draw the patient's attention to the inconveniences of laxatives and enemas; prohibit them altogether; burn your bridges without fear. (2) State that one *always* succeeds by this intelligent treatment. If you have already had some successes along such lines in your practice, describe them with convincing eloquence. (3) Ask your patient when he gets up and takes his breakfast. You can, to a certain degree, take his habits into account. If he gets up at half past seven, for example, give him the following prescription in writing: (a) 7:30 A.M.—Rise. (b) 7:45 A.M.—Drink a glass of cold water. For those who have a superstitious reverence for medication, give an infusion of quassia prepared the evening before. (c) 8 A.M.—Hearty breakfast, with milk, coffee, or tea, according to choice, and even chocolate for those who are not constipated by this food. Use bread (Graham if possible) and butter, with honey or preserves. (d) 9 A.M. Try to go to the toilet at a fixed hour. Do not go at any other time, and refuse to do so, saying to your intestine: "You would not move at nine o'clock: now you can wait until to-morrow!" (e) Use a copious diet, giving the preference to vegetable foods. But do not be content with enumerating these measures and putting them on paper; explain them, comment upon them, and enumerate the "invitations" which the prescriptions contain. The patient will reply to you: "But I have already tried to go at a fixed hour. I have already taken a glass of cold water." You can reply to him: "My dear Sir, six cannons can make a breach where one or two are not enough. Go on bravely and you will succeed!"

[This is not exactly altogether psychic treatment. But I should like to ask Dr. Dubois if his prescription *always* works? —Ed.]

Rest After Meals.

Dr. Philip Getson (*Med. Rec.*, Aug. 10, 1918) directs attention to a serious problem—the importance of complete and sufficient rest after meals. Any tissue at work, he points out, requires an increased quantity of blood for its increased activity. If the tissues not concerned in metabolism are at work during active digestion the blood is drawn away from the gastrointestinal tract; the food apparatus does not get sufficient blood for efficient work and the result is necessarily unsatisfactory. If one works

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during active digestion the system becomes overloaded doubly with the products of metabolism and those of work. The body becomes poisoned with its own toxins. Impaired digestion causes anemia, and anemia causes indigestion. A vicious circle is thus formed which often leads to fatal results.

If the work is followed by sufficient rest, the waste is removed by the diverse organs of elimination.

The amount of after meal rest of the modern laborer, the clerk, the teacher, the office man is practically nil. The sequence is widespread disorders of the gastrointestinal tract and its associates as well as numerous diseases stimulated indirectly by bad digestion. This regrettable condition is beginning to jeopardize national health and efficiency. Unless the growing evil is remedied promptly it threatens to assume such proportions as to become beyond control.—[The author is essentially right, but why must people paint their pictures in lurid colors? Why must one always exaggerate?]

Tea Drinking and Health.

A propos a discussion recently carried on whether the Chinese first used tea because they found that certain waters, unless boiled, produced illness, or whether the observation, if made, was made ex post facto, the editor of the *Interstate M. J.* (July, 1918) points out that the extensive drinking of tea in Australia was originally induced by its usefulness in disguising the brackich taste of the water which the early settlers so frequently encountered. The writer wonders what the anti-caffeine beverage fanatics have to say about the Anzacs who marched thru New York the other day. These stalwart six-footers, in superb health and quite devoid of "nerves," consume, like their mothers and fathers, anything up to ten or twelve cups of strong tea daily.

It is noteworthy that New Zealand, Australia and Holland are at the same time the nations consuming the most caffeine beverages and having the lowest mortality rates.

Change of Food.

....Even the best and most nourishing kind of food is injurious to health, when it has formed for a certain time the sole form of nourishment. Our daily life confirms this, as we find that every kind of food, if we restrict ourselves to it, produces, after a short time, a feeling which is not so much satiation as distaste; and that is the reason why it is usual to aim at a change of fare. This feeling is by no means imaginary or whimsical, and has a close connection with the function of digestion. ...The first and most prominent effect of monotonous food on the stomach and intestines is slower digestion, accompanied by waste of food, as a smaller quantity is assimilated. This is especially the case with people who lead a sedentary life, and who must

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therefore be careful to observe a proper change of food. But the injurious effects are also distinctly noticeable in the vital energy. Monotonous food makes a man lazy and apathetic, and his working capacity declines...

A change of food is absolutely necessary, not only for the bodily, but also for the mental welfare of the individual.—DR. GUSTAV JAEGER: *"Problems of Nature."*

Don't Take Any Chances with Wood Alcohol.

It is a well known fact that wood or methyl alcohol is a dangerous poison whether taken by mouth or inhaled. Numerous cases have been reported from inhalation by workmen engaged in varnishing. The symptoms are headache, dizziness, nausea, dimness of vision, often increasing to blindness, and may terminate in coma or death.

The danger resulting from the external use of wood alcohol is illustrated by the following case, reported by Dr. R. E. McKechnee (*Jour. Canadian M. A.*, March 1918): an alcoholic compress was ordered for a woman, aged 45, with a sloughy surface on leg over site of a compound fracture. After two days' treatment she became drowsy. After three days she complained of nausea and blindness; face was flushed, pupils dilated, blindness was complete.

Investigation showed that refined wood alcohol had been used, euphemistically dubbed "Columbian Spirits." Applications were discontinued, but she grew worse, being stupefied, temperature rising to 100° F, breathing becoming hurried. She recovered, but optic atrophy remained, vision amounting only to distinguishing movements of fingers.

The Onion.

The scientific world is coming to recognize in the Onion a thing of great value; in it are found some of the most valuable and tonic mineral salts in the vegetable kingdom. Onions are supplied raw to the troops in France. People always ate onions to break up a cold. Cooked onions are sedative and laxative. Onions are known as a cure for insomnia and are useful in rheumatism. Nothing will relieve acute bronchitis and dyspnea so quickly as the old fashioned onion poultice. Onions are easily digested, nourish, stimulate the appetite, soothe the nerves and act as a mild diuretic.

They contain sulphur and other elements which act as intestinal antiseptics.

Leprosy Not Hereditary.

Dr. Koda, a Japanese physician, who has made a close study of leprosy, says that it is not hereditary, as has long been supposed, and that it can be completely stamped out in twenty years by isolating the individual lepers.—*Texas Med. Journal.*

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Of General Interest

The Modern Theory of the State.

The State is the purpose and end for which individuals come into existence. It is a god; and, like other gods, it is mysterious. Its nature is unknowable and undefinable.... The State is something supernatural. It is not the sum of its members. It is not their trend, their purpose, or their impulse. It works thru governmental agents, who may be called its priests. But it is not they. It works upon the people, but it is not they. Neither their happiness nor their well-being, nor even the well-being of the Government is its purpose. Its purpose is Its own Being and Power. It has, in fact, only one point of contact with its worshippers: it demands their sacrifice to itself. A sacrifice complete, unreserved, unquestioning; a sacrifice not only of their lives (that is little) but of their most profound instincts, their most passionate feelings, their deepest convictions. They must have no conscience but its, no belief but its, no cause but its. They must be its slaves, not body only, but mind and soul. They are nothing; It is all.—G. LOWES DICKINSON: *"The Choice Before Us."*

Voltaire and Medicine.

Dr. Pearce Bailey (*Annals of Medical History*, 1917) declares that medicine owes much to Voltaire's advocacy of freedom from the oppression of fanaticism, tradition and pretence. He was a sworn enemy of quackery and a loyal defender of medicine and its worthy followers. "Men who pass their lives restoring health to others are superior to all the great ones of the earth and resemble divinity." He sent verses to Tronchin who did much to introduce inoculation against smallpox into France. Voltaire vigorously advocated this prophylactic measure, and, when it was opposed and the Paris parliament referred the question of its value to the faculties of theology and medicine, wrote: "You gentlemen, who are the best theologians and best physicians in Europe, should issue an injunction against smallpox." He was much interested in syphilis, or the grand pox as he called it, distinguished it from leprosy, and gave reasons for believing that it came from America. Much what he wrote on medical subjects applies to the present day. He unerringly picked out the truth from the conflicting medical systems of his time, and had an accurate knowledge of its scope and terms.

"Signatures."

Primitive knowledge of the action of drugs was doubtless obtained chiefly from crude empiricism. In the Middle Ages the curious doctrine of "Signatures" arose, and its contributions to materia medica are still influential in popular medicine. According to this, the Creator placed signs upon natural objects to

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indicate to men their uses. Thus, from the fact that the leaflets of Oxalis are heartshaped, it was believed that they were effective in diseases of the heart. The resemblance of the "fibers" of the hepatic, Marchantia, to the "fibers" of the liver signified that this plant is to be employed in diseases of the liver, hence the name liverwort. We can trace similar notions in the common plant names, lungwort, kidneywort, and maiden hair. Adder's tongue cured the bites of snakes, and yellow flowers jaundice A garden was thus full of evidence of God's care of men. The doctrine was carried to great lengths.

The seventeenth century herbarist, William Cole, author of "Adam in Eden: or Nature's Paradise," relates that "Wallnuts have the perfect Signature of the Head: The outer husk or green Covering, represents the Pericranium, or outward skin of the skull, whereon the hair groweth and therefore salt made of those husks or barks, are exceeding good for wounds in the head. ....The Kernel hath the very figure of the Brain, and therefore it is very profitable for the Brain, and resists poysons; for if the kernel be bruised and moystened with the quintessence of Wine and laid upon the Crown of the Head, it comforts the brain and head mightily."—FREDERIC S. LEE: *"Scientific Features of Modern Medicine."*

The Criminal Mind.

Experimental studies conducted in various prisons and reformatories have shown that a large proportion of the inmates are feebleminded or insane. Considering these results, Dr. Louis E. Bisch ("The Criminal Mind," in *International Clinics,* vol. I, 1918), asks: "Is it fair, wise, or humane to treat such individuals in the same manner or according to the same standards that society employs for persons of normal mentality?" A feebleminded person will always remain feebleminded; an insane person may be improved or cured, but only under proper treatment. Prison bars will help neither—they may even make them worse. We must realize our folly pursued in the treatment of people with defective or diseased minds. The author points to a noteworthy experiment in this direction, recently made in the city of New York where at police headquarters a Psychopathic Laboratory was installed with a director, staff and the necessary scientific equipment. During the first six months about 50 per cent. of the prisoners examined were found to be abnormal mentally. In making the examinations care was always exercised to avoid hasty conclusions, a report of the findings being sent to the presiding judge when no doubt existed as to the diagnosis. In many cases prisoners were sent to a hospital for the insane and institutions for the feebleminded when under the previous and usual routine they would have gone direct to prison.

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A Few Letters to the Editor

Dr. Wm. J. Robinson,
Dear Sir:

Like "S. F." in your July number, I really believe you have been made downhearted because of the war; in fact, you frankly admitted in April that you were so very, very tired of this unkind and brutal world! But, dear doctor, what we are all interested to know is, what other place we go to when we pass away from this life? This is a pretty good world to live in after all, and altho Maeterlinck says: "The survival of a spirit is no more improbable than the prodigious faculties which we are obliged to attribute to the mediums if we deny them to the dead," he also states "But the existence of mediums is beyond dispute, whereas that of spirits is not; and it is therefore for the spirits or for those who make use of their name to begin by proving that they exist.... Now that we have eliminated the gods and the dead, what have we left? Ourselves and all the life around us; and that is perhaps enough. It is, at any rate, much more than we are able to grasp."

Perhaps you are just a little "mad" at being denied your usual trip abroad, but in war times, those of us who stay home, can take a good tho cheap vacation in or own cities and localities; and I feel sure that you can find plenty of material right in Greater New York to write about, just as O. Henry found it an inexhaustible mine for his intensely human short stories.

I suppose you have read Jean H. C. Fabre's works on Insect Life (translated by A. T. de Mattos). In their pages there is so much practical knowledge derived from observation regarding the sexual habits of different insects that I think you could use some of the material there to good advantage in your editorials just for the sake of comparison. Just think of the female Mantis devouring the male in the sexual embrace! But Mons. Fabre was a philosopher, also, besides being a great naturalist and in view of present world-conditions it is not amiss to quote the following from his book on The Life of the Grasshopper: "Let us look a little farther ahead. A day will come, so everything seems to tell us, when, after making progress upon progress, man will succumb, destroyed by the excess of what he calls civilization. Too eager to play the God, he cannot hope for the animal's placid longevity; he will have disappeared when the little Toad is still saying his litany, in company with the Grasshopper, the Scops-Owl and the others. They were singing on this planet before us; they will sing after us, celebrating what can never change, the fiery glory of the Sun."

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In your June number you called attention editorially that the fact that up to the present time we still possess no absolutely reliable single prevenceptive—using the word absolutely in its absolute scientific sense—be clearly presented, and be not slurred over or obscured. Now in the article by Dr. Charles Goldman in last month's issue page 256 it is stated that "Contraceptives are a certain means of preventing conception; altho the same method may not answer for everybody, there is always a certain method for everyone." Broadly speaking, therefore, if Dr. Goldman is right, there is an absolutely sure prevenceptive if you know what it is or the proper way to use it. How about that?

[Surely; the two statements are not contradictory. But to find out just what is the right prevenceptive for this or that person may require some experimenting, and in the meantime.... Ed.]

I have taken the liberty of writing a longer letter than I first intended, but the great work you are engaged in and your common-sense way of looking at things rather invites correspondence once in a while.

With best wishes, I am yours very truly,

Toledo, O. HENRY GRAY.

Dear Dr. Robinson:—The arrival of THE CRITIC AND GUIDE is my monthly "red letter day." I have not missed a number for more than a decade, and I have them bound every year: there are yearly volumes that I would not take a $10.00 bill for; it is utterly unlike any other journal that ever came to my attention. I wish you every success in this great work which you are so fearlessly, successfully and vigorously prosecuting. Also life and health to carry on the same for many a year to come, and as much happiness as is possible for a sane and thoughtful person to enjoy in these terrible times, when Society is certainly showing the thinness of its veneer of culture and the transparency of the varnish of its civilization.... Special success to THE CRITIC AND GUIDE. With kindest regards and best wishes, I am, Yours respectfully, C. O. FOTHERGILL, M.D., Elgin, Iowa.

Dear Dr. Robinson:—I hope that you will be allowed to continue your good work. The world has all too few such fearless, outspoken people as yourself, and to lose one, even, is a loss we cannot replace. Wishing you all success, I am, Sir, Respectfully yours, H. BOLINGBROKE, Greenwood, B. C., Canada.

Dear Dr. Robinson:—Don't ever fail to let me have THE CRITIC AND GUIDE. Can't get along without it very well. Sincerely yours, L. C. WHEAT, M.D., Alton Station, Ky.

I cannot mentally afford to miss the rich pabulum of even one number. W. G. BINKLEY, M.D., Washingtonboro, Pa.

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THE MEDICAL

Critic and Guide

Incorporating the

Dietetic and Hygienic Gazette, Physicians Drug News & Office Practitioner

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

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Publishers' Notice.

The subscription price of THE CRITIC AND GUIDE is now $2.00 per annum, $5.00 for three years and $15.00 for life. Our old subscribers may take advantage of the old rates and remit now for *as many years in advance as they wish* at $1.00 per annum or $10.00 for life. We feel certain that even at $2.00 per annum THE CRITIC AND GUIDE will give as good value as any journal published and better value than most. But we wish to give our old subscribers who have supported us in the past the advantage of the old rates. Please attend to the matter *now*, thus saving us the trouble and expense of bills.

Editorials and Editorialettes

Subscribe for Life and Save Money.

Mr. Don C. Weber, proprietor of the Arlington Drug Store, of Arlington, Nebraska, has been a subscriber to The CRITIC AND GUIDE from its *first* issue, and has remitted regularly one dollar each year for sixteen years. Now at last he takes advantage of the life subscription offer and remits ten dollars for life. He says he wishes that he had been a life subscriber from the start. We do not blame him. He would have saved sixteen dollars, and so would many of our other subscribers. You still have a chance now to remit ten dollars and be thru with the subscription to THE CRITIC AND GUIDE as long as you live. If you don't, you will have to be remitting at the rate of two dollars per annum. Won't you remit ten dollars *now* and save money, time and trouble? After the first of January even old subscribers will have to remit two dollars per annum or fifteen dollars for life. Do it now, *right now.*

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The Right Attitude.

I know of no idea more fertile in happy suggestion than that which consists in taking people as they are, and admitting at the time when one observes them that they are never otherwise than what they can be.

This idea alone leads us logically to true indulgence, to that which forgives, and, while shutting our eyes to the past, looks forward to the future. When one has succeeded in fixing this enlightening idea in one's mind, one is no more irritated by the whims of an hysterical patient than by the meanness of a selfish person.—Dr. Paul Dubois.

If.

If doctors made a real study of the action of drugs, if they made it a point to familiarize themselves with a number of excellent combinations which have been evolved by practical experienced physicians, and last but not least, if they paid attention to the little things, the little ailments and discomforts, they would stand higher in the eyes of the public, there would be fewer therapeutic nihilists, and also there would be fewer quacks.

If.... But for the darn little if, the whole world would be different.

The Massacre of the Tonsils Again.

I have written before about the tonsils, and my editorials were acutely resented by some laryngologists. Two of them in particular expressed great indignation that a genitourinary or sexual specialist should write about organs with which he has nothing to do.

FIRST of all, as an editor I have a right to write about any medical subject I please. To paraphrase Terence: *Medicus sum et nihil medici a me alienum puto.*

SECOND, I am always very sensitive about the kiddies. I pity them too much and cannot see them mutilated. Adults can take care of themselves. They usually know whether they feel bad enough to have the tonsils enucleated or not. But the little kiddies are helpless. Whatever the doctor or the poor parents decide upon they have to submit to. And I consider it my duty to raise up a lance in their behalf. And I believe that it is the physician's sacred duty to raise his voice against these numerous and indiscriminate tonsillectomies which are becoming the rage thruout the country.

THIRD, I do not believe that the tonsils are altogether out of the sphere of a sexologist. I have always believed, without being able to offer proof for my belief, that there is some connection between the tonsils and the sex glands, and that their removal, that is the total, complete removal of the tonsils by tonsillectomy, when done in infancy is not altogether without some effect on the development of the sex glands.

Fortunately, most evils create their own cures, and voices

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within the profession, in fact among laryngologists themselves, are now being raised against the disgrace of indiscriminate, useless and dangerous tonsillectomy. There was a time when bushels of women's ovaries were sacrificed without any reason or excuse except the doctor's *furor operandi.* It was not until prominent voices in the profession were raised against this practice that the useless massacre of the ovaries stopped, and we trust that it will not be very long before this cutting out of the tonsils, which is responsible for many cases of deformed fauces, mutilated palates, spoiled voices, obstinate amemias and deaths, yes, deaths, and of which little children are the chief victims, will cease. And now, one question, a question which will give rise to many howls, but a legitimate question nevertheless. Suppose the medical profession was entirely socialized. Suppose the physician was paid by society a regular salary by the year regardless of how many cases he treats or how many operations he performs. Would there be just as many tonsillectomies performed? Now, would there? Don't bluster, don't assume an attitude of injured dignity, but answer. Would there?

* * *

And while I am on the subject, I will say that as far as adenoids are concerned there is also a good deal of humbug and unnecessary scraping and cutting. I once watched a child being operated upon for alleged adenoids by a prominent laryngologist. He said there was an *abundance* of adenoids and an operation was *clearly* indicated. He scraped and scraped and when he got thru it was necessary almost to use a microscope to see what he removed. The child was sick after that for many weeks, didn't recover completely from the shock for several days, and remained anemic after the operation for a year or more. The subjective condition, the so-called mouth breathing was not a bit improved. I wonder how many such operations are being performed on the innocent little kiddies? Of course there are cases of adenoids which should be operated on without any question. But then we should be sure that there is really something to operate for, and bunglers should not be permitted to acquire practice on infants and children.

And incidentally I might add that the operator spilled a couple of drops of chloroform into the child's eye and the burning pain, and the screams of the poor child, can be better imagined than described.

And further. May not the removal of adenoids, particularly the bungling brutal removal, set up an inflammation which may be the cause of deafness in later life? There are many questions which when first propounded were poo-poohed, but which were later proved to be of great importance.

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It Was a Brilliant Gathering, but....

It was a brilliant gathering, I will admit; but as I analyzed the men and women assembled, I felt terribly, terribly sad.... Here are some of them:

He can cut out an appendix in the twinkling of an eye, he can amputate a leg quicker than any surgeon I know, he is even on terms of familiarity with the cerebral hemispheres; but—he cannot think.

Few ears can compare with *his* in detecting a murmur in the heart or a râle in the lungs; his contributions to both the diagnosis and treatment of disease are of real practical value; but—he cannot think.

And here we have an original research worker; at least three important—one of them a life-saving—discoveries are known by his name; but he—yes even *he*—cannot think.

He stands almost at the very top of the legal profession; he has occupied important political offices; he is both shrewd and cunning; some consider him a great statesman; but—strange as it may seem—he cannot think. In both logic and humaneness his thinking is not much above the level of the thinking of the street hoodlum.

And here is the great popular novelist, and popular not in the derogatory sense of the word; his books are not read by the seven dollars a week salesgirls, not even by the eighteen dollars a week stenographer, nor by the rich stay-at-home Dresden-china doll; his clientelle is among the Vassar and Wellesley young ladies, and the young intelligentsia; he is clever and even brilliant; but—he cannot think.

And in this corner we have a miscellaneous bunch of geniuses, and there is not a failure among them—all of them great and acknowledged "successes." Not one of them makes less than ten thousand a year, some of them fifty thousand, some a hundred thousand, while the earnings of some run into the millions. (Measuring by the world's criterion, can there be greater successes?) One is a great newspaper editor, one is a real poet, one has several pictures in the Metropolitan Museum of Art, one is a great sculptor, one makes more in one week by singing than you or I do in a year by hard work, one is a very great railroad president, one is a world-known engineer, one is an inventor whose name is a household word, one is a great commercial chemist, one is a multimillionaire banker, one is a millionaire mail order business president, one is a Supreme Court Judge, and one is an astronomer. But, great as is each one in his special line, not one of them can think.

There in the corner is a gentle sweet soul, truly kindhearted, truly charitable, idolized by her children and by all who know her; a truly fine woman; but—she cannot think; and because she cannot think for herself, her thoughts are as cruel and as savage as those of the most sanguinary inquisitor.

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But here is somebody who caps the highest climax, stands on the loftiest pinnacle. He is a radical; that is, he still calls himself so. He was a great radical; in religion, in economics, in sexology, in politics he was known as an arch-radical; he boasted of his atheism, his anarchism, and on some of his sex writings he got into conflict with the Federal authorities; some even say that he served a prison sentence. He prided himself on his logical thinking powers; he scolded the people for their inability to think rationally, for believing what they see in the newspapers, for taking things on faith. And he was known as a staunch and unswerving champion of free speech and a free press. But something happened—evidently—and he utterly collapsed mentally. For now his thinking is on a par with that of the worst obscurantist, the most reactionary bureaucrat; not only is his thinking on a par with that of the feebleminded vociferous politicians whom he used to despise and to denounce, but he would punish, shut up and imprison everybody whose opinions differ from his. He would rule everybody with an iron hand and force them to think like he does. He is a pathetic spectacle of a man who has lost the ability to think. An example of reversion to type—chauvinistic, primitively savage type.

And I felt terribly sad. For it is the ability to think truthfully, logically, without bias, uninfluenced by superstition and prejudice that will save the world. And the people capable of such thinking are so few, so few.... And woe to him or her who has the misfortune to belong to this negligibly small minority. Particularly so, if he or she insists upon engaging in the foolhardy task of attempting to convince the majority of their error, of proving the truth as he sees it. For again I remind you of Rousseau's statement: "To be sane in a world of madmen is in itself madness," and deserves to be treated as such.

Intellectual Calf-Paths.

What do I mean when I say: He cannot think? Do I mean that the man is an imbecile, a moron, or feebleminded? Of course not. When I say that certain people cannot think I mean that they cannot think originally, independently, for themselves. All their thinking is done in a rut, one might say automatically. Whatever religion they happen to have been brought up in is the best and only religion in the world; the others are false and worthless; whatever country they happen to have been born in is the best and most glorious country in the world; to doubt it is treason and means "fouling one's own nest;" the nation they happen to belong to is the greatest nation in the world, superior to any other nation physically, mentally and morally; the other nations—we needn't exactly trample on them, but there is no question of their inferiority. "Truthfully speaking, *entre nous,* we are really the salt of the earth; it wouldn't do always to shout it aloud, but that is the real truth." I have

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noticed this attitude among people who called themselves radicals and cosmopolitans. In politics, they generally follow their ancestors; father a republican—son a republican; father a democrat—son a democrat, etc. As to their general thinking, their ideas about humanity, about life and death, about our social structure, about the relations between capital and labor, about protection and free trade, about ethics and morality, about war and peace, etc., they either do no thinking at all, or they think as the newspaper which they happen to read wants them to think. And the worst of it is that they generally read but one newspaper—the paper that expresses their views; they do not want to look at a paper, magazine or book which expresses contrary opinions; the result is that the ignoramus not only never learns the truth, but doesn't even know that there is another truth to be learned: so convinced he is that there is but one truth, and that he is in possession of it.

And, so then, this is what I mean when I say about certain people that they cannot think: I refer to people who hold certain beliefs not because they have gained them by independent analytical thinking, but because they were thrust upon them; they think in a certain way not because they have assured themselves that that was the correct way, but because they don't even know that there is another way, or because they are too indolent to investigate any other way, except the rut in which they have been walking since childhood. They are intellectal calves walking in intellectual calf-paths.

Warning about Prevenceptive Devices.

I have been informed that some fakirs are going about the country selling prevenceptive suppositories, pessaries, "keys" and various other mechanical devices which they claim were gotten out at my suggestion, and have my approval. This is absolutely and unqualifiedly false. I have never been sponsor for any preventive device, and I have never given anybody the exclusive right to any special preparation. Whatever prevenceptive knowledge I possessed I gave freely and gratuitously to any bona fide inquirer.

And I will add that anybody who wants to make money out of the birth control movement deserves the contempt of all right thinking people. Humanitarian movements are not for the purpose of furnishing a living to penniless radicals or cunning commercialists. We should all sit down firmly on any attempt to throw discredit on the birth control movement by commercial trickery. There must be no profit for anybody in birth control propaganda.

To Stamp Out Venereal Disease.

Numerous, varied and strenuous are the efforts to stamp out venereal disease from civil and military life. Much of the

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work is sane and commendable and will undoubtedly bring good results. But some of the crusaders are supremely ignorant—ignorant both of physiology and of psychology—while some, we cannot help believing, are actuated in their frenzied efforts by unconscious *sadistic* impulses. Yes, we have said it and we will let it stand.

If we were only permitted to tell all the truth, we would have an interesting tale to tell....

Must Hutchinson's Teeth Go?

How one pathognomonic sign or symptom crumbles after another, and how other "infallible" pathognomonic signs and symptoms come in their stead! Of course, you know Hutchinson's teeth, the notched incisors, pathognomonic of hereditary syphilis. How happy you were when you spied them in a poor little kid brought to the dispensary, for that put you at once on the right track, and with grave aplomb you could say: hereditary syphilis, and order inunctions of mercurial ointment or powders of *hydrargyrum cum creta*. And now they want to take even Hutchinson's teeth away. What will you do? How will you clinch your diagnosis? You certainly should protest against a Dr. Ray who claims that any disease of the early period of childhood can cause distrophies of the teeth which will closely imitate any of the classical pathognomonic teeth symptoms. He says that even measles and broncho-pneumonia in early infancy may be the cause of Hutchinson's teeth, while they may be absent in the heredo-syphilitic child, who is well nourished and has had no grave infection. So, there you are. But don't be despondent. For haven't I always taught you never to depend upon one sign or symptom? It is the whole picture that you have to fix in your mind.

And I will tell you something else—I told it to you before, but it will bear repetition. Do not depend even on the Wassermann *alone* for your diagnosis of syphilis. You will make blunders if you do. A positive Wassermann does not *always* mean syphilis, and a negative Wassermann does not *always* mean the absence of syphilis. It is only in conjunction with all other findings including the anamnesis, that the Wassermann is valuable.—It is a bad thing to put all one's eggs in one basket, and it is a bad thing to limit all one's diagnostic resources to one sign, or symptom, or instrument.

Adrenalin and Peroxide.

People are so anxious for ready made formulas, that any formula having the slightest bit of novelty in it is sure to make the rounds of the medical and pharmaceutical press. A formula recommended as a remarkably powerful, cleansing and astringent agent in pyorrhea is just now meeting a warm welcome in the various professional journals. It appeared in The CRITIC AND GUIDE for August. It was taken from a dental publication and

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has the following ingredients: Trichloracetic acid, adrenalin chloride, normal salt solution and hydrogen peroxide. It will undoubtedly be copied into many a doctor's formula book, and many prescriptions will be written for it. And it is a pity, because adrenalin is an expensive ingredient and it might as well, or much better, have been left out. For adrenalin or adrenalin chloride is absolutely incompatible with peroxide of hydrogen which oxidizes it and renders it worthless. Adrenalin is one of the most easily oxidizable principles we have; even mere contact with the air oxidizes it; to put it purposely in the same bottle with a peroxide, particularly peroxide of hydrogen, is like a bad joke.

A Doctor on Prevenception and Abortion.

The depths and complexities of the human mind are truly unfathomable. Is there hope of human beings ever learning to think? I met a doctor to-night—or rather last night because it is now considerably after midnight. One is not surprised to hear the most absurd statements from the lips of orthodox believers; they need no logic; that is their faith, thus they believe —and that settles it. But that doctor is a freethinker in religion, and still... As I said so many times, a man may be quite clever in one line of thought, and a damphool in all other directions. Firstly, he could see no difference whatever from a moral standpoint between prevenception and abortion. True, abortion meant destruction of life, while prevenception meant merely preventing the spermatozoon from coming in contact with the ovum, still as the result in each case was the preventing of children from coming into the world, the crime was the same!

But that is not so bad; had he stopped there, it would not have been worth while referring to it. There are many crooked minds that cannot see the difference between preventing conception from taking place and destruction of the child in the womb. But he startled me, when he began to try to prove to me that abortion was *preferable* to prevenception! And in his practice, he told me frankly, he practices abortion, but refuses to give prevenceptives to his female patients. Why? If he produces an abortion, it is just for this one time, and for this one woman. And if she gets in trouble again she must come to him again. But if he should give her a prevenceptive, she would use it, maybe, the rest of her life, and would probably give it after to her daughters and friends. And for this reason he claimed abortion was more "moral" than prevenception.

If I had told him his line of action was not guided by morality, but by a very common, sordid, conscious or subconscious, eagerness to make money, he probably would have felt insulted. But is there any doubt about it? How many millions of human ants have their thoughts and their conduct determined by their grub and their instincts, while under the blissful delusion that they are guided by high moral principles?

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The Curse of Civilization.

If there is anything viler and more vicious, meaner and more corrupt than the American newspaper, I should like to know what it is. I know the English and the French newspapers, the German and the Austrian, the Swiss and the Italian. There are many vicious ones among them; but as we excel in so many things, our newspapers excel those of all other countries in vileness, in untruthfulness, in corruption, in hoodlumism. One might almost wish that Gutenberg had never been born and that printing had never been invented. We would have missed many good books, but then we would have escaped the newspapers, which now constitute the principal weapon in enslaving, corrupting, stupefying and brutalizing the nation.—Am I not right? Why not? Just think of it: in this enormous metropolis, as large as many a foreign country, there is but one decent newspaper; and an evening one at that.* And Chicago, with some three million population, has not even one. Is not this enough to make decent people weep? *[And even that paper has been bought by the "Interests," but has become almost as bad as the rest.]

Two Vital Ideas.

Because you have been brought up on false teachings or because you have done no thinking at all, you may not at first glance appreciate the vital truth of what I am going to say, but I am convinced, and I have been for many years, that there is no hope for humanity until it becomes imbued with these two basic ideas:

First, that the state exists for the individual, and not the individual for the state; in fact that there is no such thing as the state aside from the individuals composing it; that the state justifies itself only in so far as it contributes to the welfare and happiness of its component members; if it does not so contribute towards their happiness, it is useless and superfluous; and if it is the direct cause of their unhappiness it is worse than useless—it is injurious.

The second important truth is that the rights and opinions of the minority however small are just as sacred and just as inviolable as the rights and opinions of the majority however great. Might does not make right—*not even the might of majority*

Back to Neutral Subjects: A Confidential Chat with My Friends.

As I am not permitted to end the war, which I imagine I could do within twenty-four hours; as neither Lloyd George, nor my old friend Clemenceau, nor even—the unkindest cut of all—Woodrow Wilson, whom I have made or helped to make president,* will listen to my advice; as I am absolutely refused a

* I am saying this not in a spirit of facetiousness but in sober truth and earnestness. It is I and the thousands of unattached and unlabelled radicals like myself who turned the scale and made Wilson president. Without us Hughes would now be occupying the White House. And

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free hand in reconstructing this mad and stupid world, as they will not let me smash to bits some of its rotten institutions and replace them by saner and humaner ones, making for health, happiness and nobility of character; in short as they will pay no attention to my ideas of social advancement; as they do not even care for proper and truthful sex teachings; and as the preaching of birth-control seems to many good people very untimely now—as if the children born today could be inducted at once into the military or industrial army—; in short, once more, as my activities have been curtailed by the exigencies of the war, and as idleness to me is if not the greatest sin, surely the greatest of tortures—I am forced to look for work along other lines. The medical practice and the editorship of The CRITIC AND GUIDE and of The JOURNAL OF UROLOGY do not fill out my entire time and I am therefore going back—temporarily at least—to my first loves—therapeutics, materia medica, practical chemistry, etc. I was once considered an all round therapeutist, I was *the final* authority in prescription incompatibilities, and before devoting myself exclusively to venereology and sexology I was frequently consulted on general medical subjects. My elementary text-books and lectures on pharmacy, chemistry, materia medica, toxicology, prescription incompatibilities, new remedies, etc., enjoyed immense popularity, going thru edition after edition, and tho they have been out of print for many years, *the demand for them continues up to the present day.*

Under ordinary conditions I would not care to revise them and reprint them. I would have had other work to do. My Encyclopedia of Sex alone would have taken every minute of my leisure time (I call my leisure time the time left me from the practice and from the editorship of the two journals) for the next three to five years. But as intimated before this is not a propitious time for high class, strictly truthful and scientific sex-writings; besides, everything connected with sex—venereal prophylaxis, sex morality, marriage customs, the attitude towards illegitimacy, the birth control movement, the statistics on the birth and death rates, etc.—will undergo such radical changes after the war is over, that many things written on the subject now will be antiquated and untenable then. From every point of view it is therefore best to delay the Encyclopedia until after the war.

And so I will utilize my leisure time to enlarge, revise and

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what is more, should Wilson run again for the presidency, and should his opponent be a reactionary like T. R. who would saddle this country permanently with the curse of militarism, I would consider it my duty to vote and work for him again, and this in spite of the fact that I consider him guilty of several serious sins both of omission and commission. After all he does look forward and not backward, he does listen to the voice of liberalism more often than not, and he does tower head and shoulders above our undersized political mediocrities; and then the *style* of his messages is worth something.

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bring down to date the most important of my former writings. I have also well under way a book on the treatment of Minor Ills, Ailments and Discomforts (let no one purloin this title), as well as a reference book for physicians, the like of which, *I know,* does not exist in any language. And I know that practically every general practitioner to whose notice it will be brought will want a copy. And so to the elaboration and completion of the above mentioned books I shall devote, for the time being, all my leisure time. If the Government and the nation do not grasp the value of my counsel on political, diplomatic and social-economic subjects, they shall henceforth not be burdened with it; I will keep my counsel to myself. If an ungrateful humanity will scorn its saviors, the saviors would be foolish to put their heads into the noose. And I will write books on subjects that will not disturb even the most ferocious of militarists. I trust that even the most zealous member of the National Security League will not object to my explaining why potassium permanganate must not be prescribed with glycerin, or calomel with airol, and that none of my friends among the Vigilantes will look with disfavor at my exposition of the present status of endocrinology, or at my giving the best treatment of tinea versicolor, whooping cough, syncope, scabies, poison ivy, lentigo, lumbago, or impacted wax in the ear.

And if I am not permitted to treat national hysteria, there will surely be no objection to my outlining the best treatment of hysteria and neurasthenia in the individual.

To me *personally,* the strangling of my poor Voice in the Wilderness, the suppression of my social and humanitarian activities, may prove a blessing in disguise.——

But I am not yet ready to tuck away my brain, fold my arms and take things easy. In twenty-five years from now—perhaps.—

Genuine Venereal Prophylaxis is Making Progress.

As the editor of this magazine was among the first to perceive the futility of mere preaching as a weapon against the venereal scourge, as he was the first in this country to advocate individual prophylaxis as the true and only remedy, he is naturally interested in the progress the movement is making thruout the world. In every civilized country the prophylactic tube or injection is beginning to be looked upon as the only effective check against the spread of venereal disease. The English are proverbially slow at reforms; they are generally ten to twenty-five years backward in many reform movements. But when they do wake up, they are apt to be pretty thoro. The venereal prophylaxis movement is now vehemently engaging the attention of the medical profession and of social workers. There also of course the old fogies are horrified at "making sin safe" and at "encouraging immorality." But the radical voice of the true

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modern moralist is making itself heard, and those who believe in individual venereal prophylaxis are no longer afraid to voice their opinions. Dr. W. Knowsley Sibley, a physician who occupies a prominent position in London, whose paper appears on another page handles the medieval theologians without gloves. What he says about the British "National Council for Combating Venereal Diseases" could very well be applied to our own euphonious Social Hygiene Society. "They are prepared," he says, "to do the best they can for the unlucky individuals who contract the disease, so long as the public is permitted to continue in ignorance of any precautions to be adopted for its prevention." And his statement, "Imagine a Society for Combating the Spread of Smallpox refusing to countenance or instruct the public about vaccination or preventive inoculation in any form!" hits the nail on the head.

Common sense has a hard fight against tradition, prejudice and general stupidity, but it usually wins in the end.

Three Influences.

And so these are the influences which control and mould the life of the average citizen: In the morning his mind is poisoned by the unfairness, lies and ignorance of his corrupt newspaper; thruout the day he is so engrossed in making a living—it is immaterial whether he makes a million dollars a year or two dollars a day, the result is the same—that there is neither time nor opportunity for a noble thought to sprout or for a generous feeling to blossom; I am here leaving out of account those occupations which can exist only on lying, cheating, robbing and taking every possible advantage of one's fellowman; and in the evening his mind is stupefied, his morality perverted and his feelings debauched by the vile, imbecile, putrid movies, fit only for imbeciles, hoodlums and bloodthirsty ruffians.

These are the influences which shape the souls of our citizens. Is it any wonder that wherever you go you see so many caricatures of human beings, and are you surprised that the cruel lynching spirit is abroad in our, as in no other, land?

Wouldn't It Jar You?

To have abstained from all sex relations up to your very wedding day (at the age of 29), because you believed in the single standard, because you wanted to be as pure as your bride was, because you wanted to be *certain* that you would not infect her, and would not transmit any taint to your children, and then acquire a virulent gonorrhea, the very first night, from your angelic looking, saintly, innocent young wife—wouldn't it jar you? I believe it would disturb the equilibrium and serenity of the most stoical of philosophers; even my friend E. S. would, I fear, find it difficult to abstain from swearing under the circumstances.

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Original Articles

SYPHILOPHOBIA AND PROPHYLAXIS.*

BY W. KNOWSLEY SIBLEY, M.A., M.D., B. C. CANT. M.R.C.P., LOND.
Physician to St. John's Hospital for Diseases of the Skin, London.

Syphilophobia, as the name implies, means a morbid dread of syphilis. Every dermatologist comes across many cases of the above mental condition in the course of his practice. The patients are nearly always males, as the condition is practically unknown in the female. Cases of this disease may be divided into three groups.

(1) Men who abstain from normal sexual relations on account of the fear of contracting syphilis.

(2) Men who have themselves a firm conviction they have contracted syphilis, notwithstanding the fact that every intelligent and honest doctor they have consulted has failed to detect the slightest evidence of the disease, after most thoro and complete investigation and tests.

(3) Men who have been told by some ignorant or unscrupulous doctor that they have syphilis when they have not, become so obsessed by this view that no amount of scientific reasoning will ever convince them otherwise.

This mental condition probably largely owes its origin to the extraordinary ignorance of the laity on matters of sexual relations in general and venereal diseases in particular, and has been propagated by the false teachings of some of the religious sects.

According to the doctrine of "sex in everything, and everything in sex," some religions are the expression of sex ecstasy, and largely owe their origin to this emotion, as is amply shown in many religious ceremonies; hence the close association and great interest taken by many theologians in all physiological matters connected with sexual processes. Many have special codes of so-called morals, and attempt to regulate the sexual relations of their flock. This being the case, it is easy to see what an enormous influence sexual matters have over a large proportion of the population, and the disproportionate, and often contorted views taught concerning the same.

The normal sexual impulse is a natural physiological function. It is pure and thoroly ethical, and it is only thru an insane confusion, or a morally reprehensible falsification of his own natural processes, that man has come to regard it as a "sin" or an "evil." "In sin did my mother conceive me" is the doctrine many of us were brought up to believe in.

* Paper read before the London Dermatological Society on April 16, 1918.—*Medical Press.*

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Until comparatively recently it was generally considered both by laymen and even by a large section of the medical profession, that syphilis was sent by the gods for the punishment of wickedness and vice, a doctrine which was even taught as recently as my house surgeon days. I well remember that if a case of syphilis was admitted into a surgical ward, screens were placed round the bed by the visiting surgeon's instructions, in order to protect the eyes of the other patients from the certainty of moral corruption thru gazing upon the countenance of one steeped in so much wickedness and vice.

The learned surgeon would gather a few of the senior students behind the screens and give a discourse of a mixed scientific and theological nature on the terrible disease, hoping thereby to impress the unfortunate victim of how thoroly he or she deserved what they had contracted, and as a warning to the young around him not to go and do likewise.

In a female ward reserved for these cases, each bed was surrounded by curtains in order to prevent the fallen women, most of them having contracted the disease thru legal matrimonial contact, from degrading their next bed neighbours, or comparing notes on their misfortunes. This ward was always kept in a very subdued, mysterious, semi-religious light. The students were not supposed to enter.

Such is a brief retrospect of my student days. Since these, with the rapid advance of science, the screens of sanctimonious humbug have been removed from around the unfortunate victims of this disease.

Original workers in this branch have shed new light into the origin and nature of the contagion. Metchnikoff and Roux have proved by their inoculation experiments on monkeys that—

(1) The transmitter must be suffering from a specific lesion or a wound of some kind thru which the virus is enabled to come into contact with a healthy individual.

(2) The healthy individual is not contaminated, if the skin and mucous membranes are intact.

(3) The virus must fulfil certain conditions in order to infect.

It has been proved that the virus of syphilis is not a very resistant one, and that it is easily destroyed in situ. A low temperature soon kills it, and a temperature of 120° to 150° F. renders it inert. So also drying makes it innocuous.

Some chemical bodies immediately deprive it of vitality; mercury in almost any form acts as a specific. Contact with calomel rapidly puts an end to its powers of contagion.

It has been proved, for instance, that if the seat of inoculation be well rubbed or massaged with a calomel ointment (made of one part of calomel mixed with two of lanolin, with a little olive oil or liquid paraffin added to render it more agreeable

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for manipulation), within even up to 18 hours of contagion, the virus may be destroyed in situ, and a general infection prevented.

Syphilis is therefore no longer a mysterious disease, surrounded by varying elements of mysticism, but has been proved to fulfil the same natural laws as other somewhat similar contagious diseases, which are all produced by specific germs or organisms, and all require definite scientific treatments for their cure.

Syphilophobia and neurasthenia are often closely allied; the former may lead up to, and may be the exciting cause of the latter.

I will consider the three groups of cases seriatim.

(1) The dread of contracting syphilis leads many men in the prime of life *to a prolonged and unnatural abstinence, which sooner or later tells severely on the central nervous system,* producing restlessness of spirit, irritability of temper, distraction of thought, insomnia, depression, high arterial tension, suicide, in other cases leading to various unnatural outlets for their sexual passions. Perversions such as masturbation, sexual inversion, sodomy, and various unnatural practices are not uncommon, many of these acts being looked upon as criminal by the lawyers of this and some other countries, and the unfortunate victims or degenerates, as most of them sooner or later become, are liable to be prosecuted and sentenced to various punishments under the legal codes.

(2) Men who have a firm conviction they have contracted syphilis, but who have never done so.

It is extraordinary what a large proportion of these cases owe their origin to a few days or nights spent in that city of light and learning, viz., Paris. The old school will, of course, say at once that the mental condition is the divine vengeance acting on a guilty conscience, and altho the person may not have contracted syphilis, he deserves to have done so, and that he is not worthy of our sympathy. "As a man sows, so shall he reap." If he has sown in a receptacle of corruption, he deserves to have been corrupted.

Cases of this kind are extremely difficult to convince of the incorrectness of their own diagnosis, and they will be perpetually bringing forward, according to their own conviction, fresh proofs or evidence of the disease. At one time a slight attack of tonsilitis, which altho it may disappear completely in a few days, will make a lasting impression on their imagination. At repeated intervals a few spots of acne or seborrhœa on some part of the skin will be equally convincing, especially if after one spot has disappeared another makes its appearance.

Under this group the cases usually abstain from normal sexual relations, and so the physical and mental condition goes from bad to worse. In many instances they sooner or later be-

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come the victims of sexual perversions, often of the most degraded description.

In one group, the "over conscientious," they refrain from normal sexual processes for fear of propagating the diseases they believe themselves to be the victims of.—In another, believing that once having contracted syphilis, they would never run the risk of a fresh attack of the complaint, they indulge in excesses and debauches.

(3) This includes those unfortunate people who never having had syphilis, have had this disease misdiagnosed by some incompetent or unscrupulous specialist or general practitioner.

In my experience the throat specialists are frequent offenders in this respect. A man gets a sore throat, rushes off, usually behind the back of his medical man, to consult a specialist, who diagnoses syphilis, and at once puts the patient on a long course of mercurial treatment. In due time the mouth gets sore, and so the original diagnosis is confirmed, and if even many years afterwards a little seborrhœa or other condition develops on the skin, the patient is once more convinced, and becomes obsessed that nothing can ever cure him of his terrible misfortune.

There may never have been any other symptoms beyond a slight sore throat, not even any rash, adenitis, or any secondary symptoms. The Wassermann reaction may be perpetually negative, but the patient has been told he has had syphilis, and there is no getting away from it, and for years afterwards, on the slightest suspicion of a sore throat, usually a simple tonsilitis, he at once returns to the throat specialist for further treatment.

The general surgeons are not always blameless for errors in diagnosis of rashes, and some of these are so obsessed with syphilis that every rash they come across they first put down to that disease, occasionally with the most unfortunate results.

I remember many years ago a friend of mine in general practice in this neighborhood was called to see a typical case of measles in a young girl employed in one of the local shops one Sunday morning, as their house doctor, a well-known surgeon attached to a neighbouring general hospital, was out of town. He had seen the rash the previous day, and had diagnosed syphilis.

PROPHYLAXIS.

Largely owing to the public advertisements of the "National Council for Combating Venereal Diseases," syphilis is now a fashionable complaint, and is discussed both in the lay press and in the drawing room. This is considered all for the better, as long as no hint is allowed to appear as to how to limit the risk of contracting the disease; prophylaxis must never be mentioned. The Council of the above Society, after most serious consideration, has come to the conclusion that this subject does not come under the scope of its ramifications. They are pre-

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pared to do the best they can for the unlucky individuals who contract the disease, so long as the public is permitted to continue in ignorance of any precautions to be adopted for its prevention.

Imagine a Society for Combating the Spread of Smallpox refusing to countenance or instruct the public about vaccination or preventive inoculation in any form!

Prophylaxis and cleanliness being one and the same thing, after mature deliberation it has been decided that it would not be wise to preach the gospel of cleanliness.

These are not only the views of this Society, but Mr. Turner, a medical authority for the British Medical Association, in a recent article in the Journal in reference to prophylaxis, wrote: "If these methods are taught and put before men, it follows that they must also be put before women, a prospect from which I am not ashamed to say I recoil with horror." A surgeon recoiling with horror at the thought of teaching cleanliness to women!

A "Finishing Governess," in her article in the *Nineteenth Century*, writes in much the same strain, and is in full agreement with the British Medical Association.

If the whole subject was not such a serious one for the human race, one might be tempted to say nothing. It has truly been said that preventive measures make but a small appeal to the imagination—there is no sentiment about them, and they need a careful study to appreciate their value—the more successful they are, the less apparent is the need for them, or for any society to combat the evil, and so we find vast sums are spent in treatment when all this money would be saved by prevention, and an immense amount of disease exterminated.

If it be pre-ordained that man is to suffer, then clearly it is as impious to relieve his sufferings as it is to forestall them, and the whole campaign against venereal disease resolves itself into a profane and sacrilegious attempt to defeat the will of the Almighty. I might add the same line of argument was used, even with greater insistence not many years ago, against the administering of chloroform to women in childbirth. What medical man of the present day would hesitate to relieve the pains of labor by this method!

So syphilis and its various associations, such as syphilophobia, are permitted to continue rampant in our midst; we are indeed a nation of humbugs, and with such methods how can we possibly win the war against syphilis?

A false idea of syphilitic infection has ruined the existences of many men, and I know of several whose whole lives are tormented by insane ideas on this subject, and it is one which plays a much more frequent part in what might be described as some of the minor maladies of modern existence than is generally imagined, either by the public or by the medical profession.

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FOR THE CRITIC AND GUIDE.

THE NEUROTIC AS AN ACTOR.*

BY WILHELM STEKEL, M.D., VIENNA.

Translated by Samuel A. Tannenbaum, M.D.

It is a very striking fact that neurotics very often dream of being in a theater [either in the rôle of spectators or] as actors on the stage. Many scenes from their past [and even from their childhood] again and again recur in their dreams as if they were being enacted on a public stage. The theater is a common symbol for the parental home. [On the continent] the Court theatres and the municipal theatres are particularly adapted to employment in this way by the neurotic dreamer. But this circumstance by no means explains the phenomenon. Every neurotic is in fact an actor and seems to be half aware of it. *With the aid of his neurotic symptoms* he enacts a certain single scene. In many cases it is a scene from the individual's infancy; and quite as often a scene created by his fantasy in which, by the mechanism of identification, he plays the various rôles of father and son, husband and wife, etc. Freud has convincingly described this in his psychoanalyses of the hysterical attack [in his 'contributions to the theory of the neurosis,' where he says: "These attacks are nothing but pantomimic enactments, projections into the motor sphere, of fantasies. The meaning of the attack is obscured inasmuch as the patient undertakes to enact the rôle of both persons enacting their drama in his fantasy, i.e., because of his manifold identifications, as I showed in the example of the female patient who tore her clothes down with one hand (thus taking the man's part) and pressed them against her body with the other hand (thus acting the woman's part)." —*Beiträge zur Neurosenlehre,* vol. 2, 1909, p. 147.]

I shall now cite a few examples (out of many) which show how ingeniously the neurotic creates for himself the situation that he fears, that seems most charged with libido and that really constitutes his malady. Most sufferers from 'apprehension hysteria' show traces of a feeling of not being able to 'get there,' to reach their destination, to accomplish their purpose. The street is too long, the distance is too great, the place is too wide, [the stairs are too steep], etc.: *he will not reach his goal.* Or the time is too short and he will reach the railway depot just in time to see the train pull out of the station.

On investigation one finds that the patients artfully create the situation for themselves. They impose the conditions for the situation that is to be dramatized. It is as though they set the stage for the scene with the object of making the deception possible. My arrangement with one of my patients is that he be at my office at four o'clock. He can easily leave his house

* This essay first appeared in the "Zentralblatt für Psychoanalyse," 1910, vol. 1, pp. 38-40. The translator's comments are in square brackets.

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at a quarter past three and be at my office a quarter of an hour before his appointment. But what does he do? He contrives all sorts of pretexts for coming late. At the last moment he writes a wholly unnecessary letter or he stops to talk to a person in the street,—all with the object of losing time, or—and this happens with extraordinary frequency—he is suddenly seized with a strong desire to evacuate his bowels, sits on the privy a long time and after all expels only a little flatus; in short, he delays his departure from home in every conceivable way for fully half an hour. Then he says to himself that 'naturally' he will be late again and gets fearfully excited. Thus his unconscious craving has been realized. The question 'shall I attain it?' gives rise to a feeling of anxiety in some patients, and in others to strong libido, so that it may almost be said that with their anxiety these patients practice a kind of [psychic] masturbation.

Another patient did the same thing with reference to the theater. He is one of those disagreeable fellows who comes to every performance just after the curtain has risen. Then the tension is relaxed and he experiences a strong feeling of displeasure which most of the patients attribute to "disappointment."

The explanation is very simple. The invalids are enacting a definite scene. In most instances it pertains to a sexual object that they cannot attain. If the beloved is an elderly person who may die soon, the fear that he or she might die before the union be consummated gives rise to this artificial excitement. The neurotics play this scene for all the world as if the physician, the theater, or the railway station were the beloved object that was to be attained. The situation is made as plausible as possible by means of all sorts of 'accidental' obstacles. Then there ensues the pleasurable or apprehensive feeling that properly belongs to the autochthonous fantasy. When the play is ended there awakes the consciousness that he had been deceived. Symbol and reality are then differentiated and the affect of 'disappointment' becomes manifest. The deception logically leads to disappointment. (*Cf.* my remarks on dream interpretation in volume I of the "Jahrbuch für psychoanalytische und psychopathologische Forschungen," p. 478.)

In a third case the unattainable sexual object of my patient was an old governess. This man in a most ingenious way availed himself of every incident in his daily life as a means of enacting the scene in which, notwithstanding all sorts of obstacles, he attained his object. If he happened to be reading a book, he would look at the clock as he reached the last chapters and would give himself a very short time in which to finish. While doing this he pledged himself to read every comma and period (obviously for the purpose of creating artificial barriers and obstacles). Then he began to read furiously and at the conclusion, when the question 'shall I succeed? shall I fail?' whirled madly

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thru his brain, he experienced a pollution. [All intense emotions beyond a certain degree terminate in sexual excitement.]

The book was the governess. With this scene he enacted the most important scene in his life; and thus many neurotic symptoms may be easily explained as the result of conditions created by the shifting about of psychic scenes. That is why, it seems to me, that [many] neurotics have the feeling that they are actors. They often express the opinion that they have great dramatic talent or that they should have gone on the stage. [This is not an uncommon belief even among normals.] As a matter of fact there occur now and then hysterical manifestations as to which it is difficult to distinguish between acting (*i.e.*, conscious playing) and disease (*i.e.*, unconscious action). The neurotic is the actor and the public in one person.

For THE CRITIC AND GUIDE.

SELF-CONFIDENCE.

BY L. E. EUBANKS, SEATTLE, WASH.

One of the fundamental requisites for success and happiness, one of the most useful qualities any person can have, is confidence in self. Not confidence that is extreme, irrational, blind—that is egotism; but the kind that is based on an accurate judgment of one's capabilities and good physical health—on a condition that is normal all-round.

Self-confidence is natural. When it is lacking there is something wrong. The fact that it is so generally deficient does not refute this statement; it merely constitutes another proof of the average person's inefficiency.

Look around you. Note that of your acquaintances few seem "just right." But those few whom you could term exceptional know and believe in themselves. Self-confidence is the foundation of leadership. Men will not consent to be pushed to the front unless they think they can "make good;" and when *they* think so others think it.

Is not all excellence comparative? Suppose a certain man has not succeeded entirely; who is going to know it definitely unless he tells about it? His constituency is pre-disposed in his favor, they expect to applaud, are ready to shout if he will only let them. The born leader lets them. Here is where he rises above his too diffident brother. He becomes his own judge, for others see as he sees. There is no stereotyped, mathematical standard by which to measure him; and an understanding of this makes for self-confidence. Not all men who go to the top have studied psychology, but all have understood, consciously or intuitively, the truth of what I have explained. How frequently we see men of superior powers remain in the ranks while less gifted persons rise! The former fear too close a judgment, they see too many possibilities—perhaps shadowy possibilities, and the others win by not seeing too much. Thus are negative qualities often of great practical value.

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"Our doubts are traitors,
And make us lose the good we oft might win,
By fearing to attempt."

Doubts are not always traitors. When a doubt has a real justification one should not refuse to see it. But the vague, intangible feeling that we are unlike our fellows, that we are incapable—well "just because," is imagination. We must demand to "be shown" and let nothing short of real obstacles defeat us.

The two greatest causes of lack of self-confidence are an exaggeration of the importance of failure, and secondly, poor physical health.

In dealing with the first, it should be shown to the subject that failure is a most common thing. In the business world only one man in twenty succeeds. Certainly, failure is not to be courted; but when it will not be denied, when you have done your very best yet cannot avoid it—then let it come, meet it face to face, and take a good look at this monster you have so dreaded. On close inspection he loses half his reputed fierceness. It is very likely that an acquaintance will help you to prevent a second meeting. Those people who hide their heads like ostriches, who cover ears and eyes in embarrassment when they fail at anything, usually keep right on failing. The disgrace is not in failure, but in not trying. Everyone fails sometimes, some of us fail every time. But the world moves on just the same; the success or failure of an individual, even his life or death, makes no difference. Do not flatter yourself that the nation has its eyes on you. "Every fellow has a trouble of his own."

Their views of failure hold many good men down. In every walk of life are found the over-diffident as well as the conceited. I knew an amateur boxer of real "class" who missed winning a fortune because he could not believe that *he* was a "top-notcher." Among his acquaintances he was really a wonder and there is no doubt that he could have been a champion; but with experts and professionals he was a different man, acting like a novice. He saw the men at the top as being of another world; he could not appreciate that they were merely human, subject to the same influences as affect us all. "No," he would say, "I am all right around here but I couldn't meet those fellows. I would lose, and make a fool of myself." Strange—especially in a boxer!

The second cause I mentioned, ill health, is a very common one. It is to be regretted that the indirect influence of physical condition is so little appreciated. Any one will concede that health conduces to muscular and nervous energy, to agility and beauty; but you often meet a look of perplexity when you talk of physical culture for mental efficiency and moral strength. Without going into detail, we can state that general ability, power to get along, success in every line, depend primarily on health. This is no longer theory but an established fact. One of the first results of a physical decline is a loss of self-con-

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fidence. The person feels that he is not "right," and the resulting self-consciousness weakens him still further.

Can self-confidence be developed? I believe that it can—at least, to some extent. We are told that mind is everything, that "As a man thinketh in his heart so is he." "Cogito ergo sum" (I think, therefore I am.) Self-distrust grows on one; the oftener you listen to the still, small voice that tells you you're a failure the weaker your resolution becomes. There must be no "can't" about this matter until actual evidence proves your disability. When you get over being humiliated by honest failure your efficiency will rise; because self-consciousness and nervousness will no longer hamper you.

But remember the dependence of mental power on good health. Force of will, tenacity of purpose can rarely exist with a poor circulation, indigestion and weak nerves. Keep your health at its best, force yourself to try if you have the ghost of a chance, free yourself from the idea that there is anything criminal about honest failure, and self-confidence will soon be yours.

"Write on your doors the saying wise and old,
'Be bold. Be bold,' and everywhere—'Be bold;
Be not too bold.' Yet better the excess
Than the defect; better the more than less;
Better like Hector on the field to die,
Than like a perfumed Paris turn and fly."—*Longfellow.*

Translated for THE CRITIC AND GUIDE.

STRICTURE OF THE RECTUM.

BY PROF. GAUCHER.

Professor Gaucher has always maintained that stricture of the rectum is due to gonorrheal infection of the ano-rectal canal and never to syphilis, even not in syphilitics. He found stricture of the rectum more frequently in females than males; in the majority of cases the patients admitted the habit of rectal coitus; many of them were, without syphilitic antecedents and, consequently, the antisyphilitic treatment was inefficacious. Gaucher has observed only three cases of rectal stricture in male patients; in all of them the habit of passive pederasty as well as an old gonorrheal infection of the rectum was beyond doubt. In the October 1917 issue of *Annales des Maladies Vénériennes,* Prof. Gaucher presents the third case of rectal stricture observed in one of his male patients who had a history of an old gonorrheal infection of the rectum.

A man, 33 years old, came to consult the author during the month of April, 1917. Afflicted with syphilis at the age of 17, he had submitted to irregular treatment. When 26 years old he began to suffer from constipation, having movements only once in four days with frequent sensations of tenesmus and abdominal pains which he assuaged by rest and assuming a crouching posture. At the age of 29 he had frequent pains in the epigastric cavity; his constipation became worse, and he had only one evacuation

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in a week's time. Every time he went to stool it seemed to him as if his feces were held back by some painless indolore obstruction, located in the left iliac fossa. At the age of 32 the gastric pains became more frequent and intense, presenting themselves from four to five hours after each meal.

Having endured in this condition for one year, he consulted Professor Gaucher who began the examination by addressing indirect questions to the patient as to the cause of the local irritation of the mucous membrane of the rectum. The patient being an actor, Gaucher points to the fact that Fairyism is of not an unusual occurrence among artists, men of letters, valets, and ladies' tailors. However, in this case no confession could be elicited, the patient talking of nothing but his syphilis. As at that time he could not be treated in the hôpital St. Louis, he was entrusted to the care of Dr. Le Noir, of the hôpital St. Anthony. Here, finally, the man made a clean breast and confessed that in early youth he had been suffering from gonorrhea in the anterior rectum, and that two years ago the presence of gonococci in his stool had been established. Dr. Le Noir made a careful examination by which the following symptoms were revealed: four or five hours after meals the stomach was the site of a sour and burning sensation, arising at the level of the epigastric cavity, extending upwards the esophagus to the mouth where a small quantity of a whitish liquid was deposited. This painful sensation manifested itself in crises, lasting a fortnight and reappearing every third or fourth month. There never was any vomiting. The abdomen was distended and slightly painful in the left iliac fossa, but no rumbling was audible. For the last year, by the aid of a laxative and several enemata which occupied the whole forenoon, the patient had a daily evacuation. The feces were brown, and of the size of a thick lead pencil. The defecation was somewhat painful and could not take place save in a standing posture and under violent contortions.

During the day there escaped from the anus a soupspoonful of a watery yellowish liquid. Tenesmus had been in abeyance for a year. On rectal palpation at about two inches from the orifice of the anus, the exploring finger met with an obstruction consisting of a contracted aperture circumscribed by an elevated swelling. The touch did not produce any painful sensation. All the other organs were sound, save the liver which was somewhat enlarged and painful. All the reflexes were normal. There were no white patches in the mouth. The Wassermann reaction was positive. After a bismuth enema the radioscopic examination of the descending colon and the rectum showed the rectal ampulla having given place to a long contracted canal above which an ampullar dilatation was visible.

Dr. Ricard, the surgeon of St. Anthony's, when asked whether he deemed an operation advisable answered in the

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negative. When the closure of the rectum became complete, an artificial anus would be formed.

Altho the antisyphilitic treatment with mercury and potassium iodide followed for a year had produced no effect whatever, it was continued because of the positive Wassermann reaction.

THE USE OF EPSOM SALTS, HISTORICALLY CONSIDERED.

BY R. D. RUDOLF, M.D.

Professor of Therapeutics in the University of Toronto.

That there is nothing new under the sun is a common saying, and never was this truer than in regard to the use of that old medicinal friend, magnesium sulphate. This drug has, of course, been used internally as a mild hydragogue for many generations, but until recently, it would appear from modern literature, its external employment had not been thought of. Thus Dr. N. H. Choksy wrote in *The Lancet* of February 4th, 1911, "that the common and homely drug known as 'Epsom Salts' possessed any other property save the one usually associated with it was scarcely known up to within three years ago. The anesthetic effects resulting from its subcutaneous application, however, induced Dr. Henry Tucker, of Philadelphia General Hospital, to apply it for the relief of pain in local inflammatory conditions, with rather surprising results. For apart from the relief of pain and discomfort, it was found that it controlled and eventually led to the cure of the inflammatory process. Numerous observations in gonorrheal epididymitis and orchitis, gonorrheal rheumatism, acute articular rheumatism, neuritis, etc., gave equally satisfactory results."

And Dr. Tucker himself, in the *Therapeutic Gazette* of April, 1907, and again in that of June, 1908, elaborates this external use of the drug and gives details as to its employment. Thus, a saturated solution should be applied to the inflamed part, 15 to 20 layers of ordinary gauze being constantly kept wet with it. The gauze should not be removed for twenty-four hours and the parts then washed and the dressing reapplied. There is found to be marked bleaching of the surface, which is not followed by any deleterious effects. It causes numbness and tingling in the hands of the attendants, which may last for twenty-four hours.

The external use of magnesium sulphate thus became established and since then has been much used and to my mind beneficially used in various superficial inflammatory conditions, especially, perhaps, erysipelas. But it can now be shown that this external use of the remedy *is only an echo of the very ancient, in fact the most ancient, use of the salt.* During the first years after the discovery of these waters they were only used externally, and it remained for the third Lord Dudley North to suggest that this all-healing drug might also be used internally with benefit. As is commonly known, the spring was discovered at

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Epsom, by a farmer called Henry Wickes, or Wicker, in the dry summer of 1618. This man happened to find on the Epsom Common a small hole containing water. He dug it larger and then brought his thirsty cattle to drink there, but the beasts would have none of it. This led to much talking and further examination of the well, and then someone suggested that it might be a medical water, and soon the local people began to use it as such in the bathing of various open sores and painful affections. This was the only use that was made of the well for years, until, indeed, Lord Dudley North, who lived somewhere near, began to take the waters as a medicine. In 1645 he published a book, called "The Forest of Varieties," and in it he claims to have been the first to have made known "the virtues of both the Epsom and the Tonbridge waters to the King's sick subjects, the journey to the German spas beng too expensive and inconvenient to sick persons, and great sums of money being thereby carried out of the Kingdom." According to Nehemiah Crew, also, physician and secretary to the Royal Society, who wrote a treatise in 1695 on *"The bitter cathartic salt in the Epsom waters,"* which book is in the library of the Royal Society of Medicine, where I had the chance of seeing it, Lord North was the first to take the waters as a medicine. He had been in the habit of visiting the German spas, as he "laboured under a melancholy disposition." He used it with success and regarded it "as medicine sent from Heaven." By 1688, according to Gordon Home in his "Epsom, its History and Surroundings," "it was a common occurrence for doctors to order a visit to Epsom, for in the "Domestic State Papers" of June 29th, in that year, we read: "Chatham Dockyard. John Owen to Pepys. I beg leave of absence for twelve days, being afflicted with ——— and advised to drink Epsom waters." Soon all the fashionable world was flocking to Epsom, and they continued to do so until in 1753 that popular physician, Dr. Richard Russel, introduced sea-bathing. The diversion in this direction was fatal to Epsom. Yet the Epsom well is still there, now surrounded by fruit trees, and the water still retains its original qualities. But where are the hosts of fashionable and more humble people who used to throng the London road, riding, driving, walking or being carried to the famous well?

A great Canadian military convalescent hospital, with its four thousand patients, is now nearby, and no doubt much "mag. sulph." is used in assisting these poor fellows back to health, but it is a salt made from *dolomite* or *kieserite* that is given, rather than the original waters from the adjacent well. And this is only used internally, unless, indeed, the medical officers have been reading rather recent medical literature and are applying what they believe to be the new external method, or unless, indeed, they happen to be versed in medical history and hence know that they are only again employing what was the original method of using this healing solution in the very place where they are now practising their art.

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Medical and Therapeutic Items

Chilblains.

Locally apply:

℞ Iodine 4.0
Ether 30.0
Collodion flex 100.0

A simple protective dressing with boric acid or the following ointment will be found beneficial.

℞ Phenol 1.0
Tr. iodine } ..... āā 2.0
Tannic acid }
Simple ointment 4.0

Internally, give calcium chloride or lactate, in doses of seven and a half grains three times daily in chloroform water. Do not give longer than four or five days. There is lack of calcium salts in the tissues of those predisposed to chilblain, and here the administration of these salts seems to act favorably.

DR. RUSSELL J. SMITH: *N. Y. M. J.*, 1, 5, '18.

The Treatment of Burns.

In burns with destruction of tissue, Dr. R. W. Knox (*Texas State Jour. of Med.*, July, 1918) objects to all the well known methods of treatment, such as the application of powders, ointments, or closed paraffin dressings. The discharging surfaces must be protected and at the same time provision made for taking care of the discharge without the same becoming adherent to the protected covering. If this can be effectively carried out, nature's own forces will cause rapid healing.

To burns of the second and third degree the writer applies gauze pads which are kept constantly moist with warm normal salt solution. This presents sticking of the dressing to the wound and when removed at stated intervals takes care of the accumulated pus. This solution is not only free from pain when applied to raw surfaces, but is wonderfully soothing and effective, due to its isotonic properties. The writer has used hypochlorite of soda in the same way in some cases of badly infected burns with good results.

Preventive Medicine and the Care of the Sick.

Preventive medicine is peculiarly suited to government control while the care of the sick is utterly unsuited to it. The treatment of a sick person is a very personal matter and does not lend itself to wholesale impersonal methods. If you wholesalize the practice of medicine you will alienate from it a large proportion of the big whole-souled men who have made medicine what it is to-day.—DR. EDWARD H. OCHSNER.

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Acne Vulgaris.

Dr. James W. Miller (*Urol. and Cut. Rev.*, July 1918) notes that Acne is most common between the ages of fifteen and thirty, at a period of life when there is excessive activity of all glandular structures. In the writer's opinion preliminary sensitization by protein substances, the absorption of an internal secretion (ovary or testicle) or the introduction of protein material from without (certain food stuffs) play a very important part by causing a reaction that helps to produce the symptom complex called acne. This reaction—autointoxication—should be strictly regarded. Any conditions or ailments that lower bodily resistance count much in the development of acne. By attention to diet and habits in general predisposition to the condition will be largely corrected.

In handling cases of acne the writer first makes a careful examination of the scalp. In a large percentage of patients an oily condition of the scalp or hair is commonly found. Seborrhea is of an infections nature.

This microbacillus of Sabourand which is identical with the acne bacillus, must be energetically attacked if a satisfactory result is to be achieved. Frequently the writer has confined his attention to the scalp and disregarded the acne lesions on the face with most gratifying results. General constitutional treatment consists in counteracting any internal defects such as constipation or dyspepsia. A focal infection should also be attended to.

Local therapy is of great importance.

With the scalp showing a condition of seborrhea, characterized by rather large yellowish scales, adherent to the scalp and hair, with a tendency for scales to accumulate in masses (seborrhea sicca) or a condition minus the scales, and showing only an undue oily appearance of the scalp and hair, the oiliness extending downward and involving the skin of the forehead and nose, and showing the presence of enlarged pores from which sebaceous material may be easily expressed in thread like filaments (seborrhea oleosa) the writer orders a preliminary shampoo of a solution of potassium carbonate (14.2 gm. to the liter) followed by the use of green soap tincture, once a week, and the daily use of sulphur pomade:

℞ Sulphur precip. ..... dr. i
Sodii bibor. ..... gr. v
Aquæ rosæ ..... dr. iii
Cerati albi ..... dr. i
Petrolati ..... dr. v

All comedones are to be carefully expressed.

The preliminary use of hot towels, for from five to ten minutes, is useful in stubborn cases.

The primary lesion of acne is invariably a comedone. By

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getting rid of the blackhead we avoid the next stage of development, which is a semiglobular or more rarely almost acuminate papule surrounding the comedone. Pustules must be opened and drained which is best done with Von Graefe cataract knife.

The removal of the horny layer by means of sulphur is recommended. Sulphur is best used in the precipitated form for both lotions and ointments. One of the preparations is the lotio alba. This combination can be made more efficacious by the application of four grams of sulphur, combined with q. s. alcohol to make a thin paste, the whole to be added to each 30 c. c. of the white lotion. The exfoliating treatment may be continued until stimulation is evident by a mild dermatitis, when cold cream or calamine lotion is substituted. Return to the use of sulphur only when inflammatory symptoms are allayed.

The writer recommends vaccine treatment as a beneficial adjunct to local treatment.

If acne vaccine fails to give satisfactory results, it is advisable to add some staphylococcus vaccine. The acne vaccine, usually five million to begin with, and gradually increasing up to one hundred or more million. The staphylococcus, commence with one hundred million and increase to five or ten billion.

The application of Bier's suction or exhaustion cups for a few minutes daily will be found helpful to promote absorption or to hasten suppuration for the type of lesion known as acne indurata, or blind boil.

The writer considers regulation of diet more essential than intestinal antiseptics. He prohibits the following foodstuffs: candy, cakes, ice cream, cucumbers, cheese, nuts, oatmeal, hot bread and pastry, fat meats and greasy food of all description —pork, goose, duck and fried things in general; made-over dishes, such as hash and croquettes; sausage, salt fish, salads, cauliflower, cabbage and turnips; alcohol and malt liquors; tea and coffee, unless strictly limited. The food is to be served at regular intervals, thoroly masticated and eaten slowly. A rest should follow each meal. Insist on a strict dietary regimen in all cases. Give plenty of water between meals.

Treatment of Puerperal Eclampsia.

There is a division of thought in regard to the treatment of puerperal eclampsia which has evolved two opposing factions: the advocates of radical treatment and those who prefer palliative measures. Dr. Hillard E. Miller (*New Orleans M. and S. J.*) says, whatever method we choose, it must be directed toward conserving the vitality of the mother, in eliminating the shock. The child should not be given a great deal of consideration, for many of them are premature, anyhow, and live only a few hours after delivery. The main thing is the early recognition of the initial symptoms and the institution of a vigorous

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treatment to abort the consequences which result from neglect. The preeclamptic symptoms are essentially the same in all cases: headaches, spots before the eyes, epigastric pain, dizziness, finding of albumen and hyaline casts, low urea percentage, diminished output, and, last, but not least, rise in blood pressure from 140 to 250 m.m. Of all the signs of impending trouble, the blood pressure recordings are the most valuable and constant. They should be seriously heeded and at once eliminative treatment instituted as a prophylaxis. The object of the latter is to relieve the extra burden thrown on the kidneys, and consists of hot packs every twelve hours, colon irrigations, three to four gallons of a 2 per cent. sodium bicarbonate and glucose solution every eight hours.

The diet should be limited to milk entirely, two to four quarts daily.

If the patient is restless and irritable, morphine: gr. ¼ to be repeated as often as is necessary, or chloral: gr. 30; sodium bromide: gr. 40, by bowel, will usually procure a few hours' restful sleep.

The writer condemns the old practice of bleeding to lower blood pressure, for this may induce conditions necessitating a rapid emptying of the uterus with a consequent loss of a great deal of blood, and the two combined may precipitate a pronounced state of shock or immediate death.

Should the symptoms persist over a period of four or five days in spite of the eliminative treatment, immediate measures should be taken to evacuate the uterus.

If the convulsions appear before viability of the child is established, sufficient dilatation of cervix should be procured to do craniotomy and extraction.

If the cervix is fully dilated, and the head is engaged, apply forceps and deliver.

If the head is still floating above the brim, version and breech extraction is best.

If the cervix is large and hard, with no dilatation, and the pelvis is large enough to allow of delivery, vaginal Cesarean section is the best procedure. If the pelvis is contracted, abdominal Cesarean section is the best method.

Fortunately, with the convulsions labor usually begins, and in a small percentage of cases the convulsive seizures rapidly dilate and efface the cervix and effect a precipitate labor.

Ether is the best anesthetic, but as little as possible should be given.

Post-partum care must not be neglected. In eclampsia after emptying of the uterus the same drastic eliminative measures must be carried out until the symptoms subside.

In case a true state of chronic nephritis exists any future pregnancy should be discouraged.

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Inflammatory Dermatoses.

For use in the treatment of ordinary or trichophytic sycosis, trichophytic affections of the skin, impetigo, impetiginous eczema, and infectious dermatitis, the following ointment is strongly recommended:

Iodine	1 gram
Xylol	10 grams
Vaseline	100 grams

The iodine is dissolved in the xylol, and the solution mixed with the vaseline to form an ointment. This preparation is particularly valuable in the treatment of infections of the beard and scalp. It can be continued for several days in succession, with occasional intermissions, when a milder cream or ointment is applied.—LOUIS BOVY (*Le Progrès Méd.*).

Bedsores.

Suitable hygienic measures should be applied. Red patches should be painted with phenolated oil, more advanced lesions should be dried, and then dusted with

℞ Cinchonae	100 grams
Bismuthi subgallatis	10 grams
Benzoini	5 grams

Misce et fac pulverem.—*Paris Medical.*

[This prescription has been going the rounds of the medical press. I reprint it here in order to say that it does not meet with my approval. The benzoin is apt to become lumpy and irritating. Nor do I see any special virtues in powdered cinchona. —W. J. R.]

Quinine for Anal Fissure.

Dr. Helen G. Leyton (*Brit. M. J.*) reports on a typical case of anal fissure which did not yield to operative treatment.

The writer packed the fissure with quinine hydrochloride (five grains) after swabbing with cocaine solution. This treatment was repeated on each of three days. In twenty four hours the surface showed well marked granulations and the symptoms were considerably relieved.

After the third day the part of the fissure within reach was looking healthy, but the patient complained of pain higher up. Dr. Leyton prescribed a suppository of cocaine gr. ¼ which was followed in a quarter of an hour by a suppository of quinine sulphate gr. 5. After being used on four days the fissure was healed, all pain and symptoms had disappeared. There was no recurrence.

Sex Knowledge for Women.

"Sex Knowledge for Women" and its companion volume for men are the only books on the subject that I have seen that I would place in the hands of my patients who are asking me for information. H. O. SKINNER, M.D., Lowry Bldg., St. Paul, Minn.

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The Fat Child.

There is no necessity for a child to be too fat, in fact, the child that is too fat is usually diseased. The pictures of fat children that one sees as advertisements of different baby foods are to the discerning eye practically always pictures of disease; nearly every one of these children shows obvious signs of rickets. Yet the public thinks that fat and good health are synonymous terms in a child.—KENNETH G. HAIG: *"Health Thru Diet."*

Treatment of Constipation by Diet.

Kenneth G. Haig (*"Health Thru Diet"*) argues that it is much better to treat constipation by dietetic means than by drugs, unless absolutely compelled to do so. The writer recommends the following means for regulating the bowels: (1) *Lubricants:* Butter, nut-butter, olive oil, nuts or any kind of grease or fat. (2) *Irritants:* Vegetables both cooked and raw, fruits, especially figs and prunes. These excite peristalsis owing to the large amount of indigestible refuse they contain. Olive oil or butter should be taken plentifully with potatoes, vegetables and salads. An extra tablespoonful or more of olive oil can be taken as a medicine last thing at night. Raw carrots and turnips pounded up in a mortar and taken to the extent of an ounce or two are often very effective.

It should never be permitted that people go for two or three days without a motion. Moreover, the feces should be comparatively odorless. Odorless motions mean less putrefaction. According to Metchnikoff, the presence or absence of putrefactive organisms in the large intestine is the chief factor that affects the duration of life.

Sugar as a Food for the Muscles.

In an article on "Some Relations of Exercise to Nutrition" (*Boston Med. and Surg. Jour.*, 4, 4, '18), Dr. George Van Ness Dearborn tells us that sugar is an important and an immediate source of muscular strength, because it is metabolized easily in the tissues of the body. It is only necessary for the blood to receive the digested sugar and to take it to the muscles, where it is immediately turned to glycogen and serves as the chief food of the muscle fibres. The writer notes that 25 years ago there was not a trainer who would feed candy to a training squad, while to-day candy is included in the diet of every army in the world, especially in the form of chocolate, the calory value of which is per weight-unit more than five times that of lean beef. There is a record of a research carried out on two schoolboys, aged 17 and 19, respectively. Both had the same practice every day, that is, rowing, and they practised two hours daily for two months, and then entered for the races. Being found to be overtrained, the doctor fed them much sugar. Sometimes they ate

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as much as five ounces just before beginning their daily exercise with the oars. Immediately all signs of overtraining began to be in abeyance, and the result came in about three days from the time that the eating of sugar was advised. They entered the race and won over a large number of antagonists who had not eaten any sugar.

Caffeine and Gout.

In an editorial in The Therapeutic Gazette, Aug. 1918, the cudgel is taken up against those people who for commercial reasons are waging a campaign to disseminate the idea that so-called caffeine is a deleterious substance, particularly so in those who have a gouty tendency.

The writer points to the fact that uric acid as a toxic substance is no longer recognized. Uric acid as a factor in disease is a myth. The very fact that by the ingestion of caffeine the quantity of uric acid passed by the kidneys is increased shows that it is rapidly eliminated and not retained. The whole question of caffeine and gout can be ordered out of court.

It has been shown that the vast majority of persons drinking coffee, tea, or caffeinated beverages find that caffeine acts as a "lubricant" to the mental processes, and that if proper food and rest is taken it enables the man who ingests it to accomplish an equal or greater amount of work with less friction and exhaustion than if the drug is not consumed.

Therefore let us have a wary eye upon those who are promulgating the anti-caffeine theory with a view of selling worthless substitutes to a credulous public, and upon those persons who believe they have a mission, based on a theory identical with that ascribed by Macaulay to the Puritans in regard to bear baiting, to wit: that the Puritans did not object to the sufferings of the bear, but to the enjoyment of the spectators.

Indigestion.

"Indigestion" is a term used to cover a variety of meanings and a great multitude of physiological sins....

As used by the average man, any discomfort in the stomach is indigestion, and in that sense it might be made to cover ulcers of the stomach and cancer of the stomach. But the ordinary discomfort felt after food by a man whose stomach is not diseased is usually of little importance and often has little to do with digestion. It may be due simply to the fact that the stomach is a little distended by the food, or that the food has been gulped down in big pieces that require much squeezing and kneading by the stomach to reduce them to a semifluid pulp. Indigestion of this kind can be easily remedied by eating less or by chewing the food more.

An even more common cause of discomfort is eating too little. Many women and some men, finding that they have a

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certain amount of discomfort after food, think that they must be careful what food they take, and cut off one article after the other till they are reduced to a little Beuger's food or something of that sort.

In spite of their selfdenial and careful dieting, the pains and discomfort continue, and the stomach seems to lose its power. What is the matter in these cases (unless, of course, there be serious organic disease) is simply that the stomach is being starved and prevented from fulfilling its natural functions. The stomach is a chemical factory, and unless it be given a due amount of protein and carbohydrate and fat wherewith to manufacture digestive juices it cannot do its chemical duties. The stomach is also a muscular mill, and unless it be supplied with sufficient protein and carbohydrates and fat its muscular power will fail and it will have muscular pains when it tries to contract on its cupful of Beuger's food. Every organ, whether muscle, or brain, or digestive gland, suffers if it is not permitted to do its natural work....

—RONALD CAMPBELL MACFIE: *"The Art of Keeping Well."*

Bronchospirochetosis.

Dr. Aldo Castellani (*Jour. Tropic. Med. and Hyg.*) found Fowler's solution or pills of arsenic trioxide helpful in the treatment of bronchospirochetosis. For profuse expectoration he used glycerophosphates and balsamics. Certain cases have been benefited by the employment of the following formulas:

I.

℞ Antimonii et potassii tartratis .....gr. v
Sodii bicarbonatis .....ʒ ss
Glycerini.....}
Aquae chloroformi} .....ana ʒ i
Aquae .....q. s. ad ℥ iii
M. Sig.: One ounce three times a day, diluted in water.

II.

℞ Antimonii et potassii tartratis}
Codeinae .....} ..ana gr. 1/6 to ¼
Syrupi tolutani .....ʒ i
Aquae chloroformi .....q. s. ad ℥ i
M. Sig.: One ounce three times a day, diluted in water.

III.

℞ Antimonii et potassii tartratis....gr. 1/6 to ¼
Potassii iodidi .....gr. v
Sodii bicarbonatis .....gr. x
Glycerini .....}
Syrupi tolutani} .....ana ʒ i
Aquae chloroformi .....q. s. ad ℥ i
M. Sig.: One dram three times a day, diluted in water.

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IV.

℞ Liquoris potassii arsenitis .....mii to iii
Antimonii et potassii tartratis ...gr. 1/6 to ¼
Glycerini .....} .....ana 3 i
Syrupi tolutani.}
Aquae chloroformi .....q. s. ad ℥ i
M. Sig.: One ounce three times a day, diluted in water.

Diet in Pneumonia.

Dr. R. H. Rose (*Med. Adviser*, February, 1918) calls attention to the importance of a sufficient supply of fluids in pneumonia to keep the blood vessels well filled, the mouth and tongue moist and to aid in excretion of poisons by the kidneys. Fluids may be supplied in the form of water, lemonade, etc. When the patient cannot drink a sufficient amount, enemata of one pint of normal saline at three or four hours intervals will supply the fluid equally well. Lemonade, orangeade and grape juice furnish considerable nutrition in the carbohydrate form. Egg lemonade may be given. A cream of celery or similar soup may be strained and used. Milk or water toast is good. Milk is of undisputed value but does not always agree. When diluted, or taken with sugar in the form of hot water, tea or as a malted milk it is generally more suitable. As pneumonia does not last long, it is unnecessary to force the feeding as in typhoid. In fact, a stomach distended with fermenting food may be the last straw in overcoming the patient's power to contend with the disease. The bowels should be kept open to excrete poisons, prevent gas, and avoid interference with food digestion and assimilation.

Anemia and Pallor.

Despite the external appearance of anemia frequently seen in many phthisical patients in all stages of the disease—which has given rise to the expression Great White Plague—no changes in the cytology of the blood characteristic of the disease have been found. In fact, it is noteworthy that many patients who look pale show an almost normal blood picture.—DR. M. FISHBERG.

Opening of the Abdomen in Tuberculous Peritonitis.

The mere opening of the abdomen in a case of tuberculous peritonitis frequently has a favorable action upon the progress of the disease and often recoveries are secured. The modus operandi of this has been explained in a number of ways, i.e., stimulating the flow of lymph, the formation of antibodies, the presence of the light, etc. On the basis of this fact a number of investigators have tried the injection of air and nitrogen, thus producing an artificial pneumo-peritoneum and in isolated cases, have seen favorable results.—DR. H. J. COPPER: *Ill. M. J.*

The more you expand your lungs, the less you will contract colds.

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Of General Interest

Acuteness of the Sex Impulse in Insects.

M. F. Washburn (*"The Animal Mind"*) quotes Forel, who says he had a female saturnalia moth shut up in his room, and within a short time a number of males came and beat against the window.

Riley hatched in Chicago seven moths from the ailanthus silkworm, which were carefully confined. No other specimens were known to exist within hundreds of miles.

A virgin female was put in a wicker cage on an ailanthus tree, and a male, with a silk thread tied around the abdomen for identification, was liberated a mile and a half away. The next morning the two were together.

"L'Abbé Coquet."

(*An Amusing Story of Prerevolutionary Days.*)

When René Hérault was head of the police (1725-1739) he was told that a certain milliner and dressmaker had taken as the sign of her shop "l'Abbé Coquet," by which she represented to herself and her customers the Abbé of the kind frequently to be seen at Paris at that time, who was a connoisseur in toilettes, paid graceful compliments, made love, and loitered about salons, theatres, and fashionable modistes.

The Minister of Police, much scandalized, declared he would not allow any such name or sign, and ordered some of his men to go at once and bring the "Abbé Coquet" to him. But there happened to be in Paris an Abbé of that name, whom the police, supposing him to be wanted by their chief, at once proceeded to arrest and conduct to the office, announcing to Hérault that the Abbé Coquet was there.

"Then put him in the garret," said Hérault.

Accordingly, the Abbé Coquet was taken up to the garret and left there; but as hours passed and no one came near him, the Abbé Coquet, who was now very hungry, began to call and shout with all his might. Next day, the officials, still hearing the noise, having no directions about their prisoner, and not supposing that he was to be left without food, went to their chief and said they did not know what to do with the Abbé Coquet.

"Burn him, and let me hear no more about him," exclaimed Hérault impatiently; whereupon the mistake was explained, and with many excuses and apologies the Abbé Coquet was set at liberty and invited to dinner.—From VISCOMTE DE BROC: *L'Ancien Régime.*"

The Secret of Longevity.

The late S. Weir Mitchell, himself an enthusiastic mountain climber and pedestrian, related to Dr. J. Madison Taylor an interesting conversation he had with the late John Bigelow, who

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lived to the age of 97. Mr. Bigelow asked Dr. Mitchell how he had attained the age of 80. Bigelow being the elder, Dr. Mitchell urged him to divulge his cherished principles of life.

Mr. Bigelow replied with unction that he "had never smoked, never drank and never taken any form of exercise."

Whereupon Dr. Mitchell replied that he himself had smoked since boyhood, had always taken wine and enormous amounts of active exercise.

No man has ever lived a fuller, more agreeable and successful life than that of S. Weir Mitchell, and he ranged the hills till just before the end.

The Judge and the Witch.

A curious anecdote is related of Lord Chief Justice Holt. When a young man, he happened with some of his merry companions to run up a score at a country inn, which they were not able to pay. In this dilemma they appealed to Holt, to get them out of the scrape. Our young lawyer had observed that the innkeeper's daughter looked very ill, and passing himself for a medical student, asked her father what ailed her, when he was informed that she suffered from an ague. Holt immediately gathered various plants, mixed them up with great ceremony, and after rolling them up in parchment, scrawled upon the ball some cabalistic characters. The amulet, thus prepared, he suspended round the neck of the young woman and, strange to say, the ague did not return.

After this cure the doctor offered to pay the bill, which the grateful landlord would not consent, allowing Holt and his party to leave the house.

Many years after, when on the bench, a woman was brought before him, accused of witchcraft—the very last person tried upon such a charge. Her only defense was that she possessed a ball invariably efficacious in the cure of agues. The charm was produced, handed to the judge, who recognized the identical ball he had prepared in his youthful frolics. From J. G. MILLINGEN: *"Curiosities of Medical Experience."*

Human Porcupines.

A Parable by ARTHUR SCHOPENHAUER.

A number of porcupines huddled together for warmth on a cold day in winter; but, as they began to prick one another with their quills, they were obliged to disperse. However, the cold drove them together again, when just the same thing happened. At last, after many turns of huddling and dispersing, they discovered that they would be best off by remaining at a little distance from one another. In the same way the need of society drives the human porcupines together, only to be mutually repelled by the many prickly and disagreeable qualities of their nature. The moderate distance which they at last discover to

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be the only tolerable condition of intercourse is the code of politeness and fine manners; and those who transgress it are roughly told to keep their distance. By this arrangement the mutual need of warmth is only very moderately satisfied; but the people do not get pricked.

A man who has some warmth in himself prefers to remain outside, where he will neither prick other people nor get pricked himself.

Effective Treatment of Hysteria.

Dr. T. A. Emmet (*Principles and Practice of Gynecology*) used to follow the practice of having a rectal tube introduced in instances where an hysterical attack was threatened.

The author was present on one occasion when a young lady was lying in apparently an unconscious state, after a hysterical convulsion; she took no notice of his presence, altho he felt satisfied that she was aware of it. The nurse had just introduced the rectal tube as he entered the room. The patient began an attack shortly afterwards. She suddenly threw herself into a position of opisthotonos, but, before her head and feet could be brought under her, a loud escape of flatus took place from the tube, and continued with steady but lowering note for several seconds, as she gradually straightened herself out and the colon became empty. The author was in a position to see her as she opened her eyes, and the appearance of astonishment and mortification depicted on her face, as the flatus continued to escape, was intense. The author asked her if she had lost all the delicacy of her sex in making such an exhibition, when she burst into tears and covered her face.

She had, before coming under the author's care, been very wilful, and had had these attacks of hysteria frequently, often tearing the bed clothing and her nightgown.

But these attacks were never repeated, as she was assured by the nurse that the instrument would again be introduced if she showed any symptom of another seizure, and after that she would have to continue wearing it, so that the wind might escape all the time. Thru this fear, she began to exercise her self control, and the impression thus made on her mind was the turning point in her case towards recovery.

Cessation of the Menses from Emotional Causes.

It has been questioned whether amenorrhea can take place in health. When a sudden suppression of the menstrual flow occurs from emotional causes, or from exposure, Dr. T. A. Emmet (*Principles and Practice of Gynecology*) thinks it should be accepted as an evidence of some existing defect in the nervous system, altho the woman may be at the same time in good health.

The author has known an instance in which menstruation

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was suddenly arrested at the age of thirty by the announcement of the death of the woman's husband, altho she had been apparently in good health. Her nervous system had been overtaxed by anxiety on account of her husband, and she never menstruated again; atrophy of the uterus took place soon after.

A similar effect, and equally early in life, was caused by a favorable verdict in a suit which had been the source of much protracted anxiety, and upon the result of which depended a condition of affluence or poverty.

In another instance, a young woman who had been previously in perfect health, overstrained her nervous system to gain the highest honors at one of the female colleges. During the time of her collegiate course she had menstruated regularly, altho often too freely, but from the time she gained the prize she ceased to menstruate. Several years had elapsed when the author first saw her, and atrophy of the uterus had taken place.

The Purity of Children.

A good deal of nonsense is talked about the purity and innocence of childhood. Children are consequently brought up in a morbidly sentimental atmosphere that makes them too quickly little prigs or little hypocrites. I do not believe, however, that any man or woman who is genuinely fond of children is moved by this artificial point of view. The innocence and purity of children is a middle class convention. None but the unreal sentimentalist really believes in it. What attracts us most in children is naturalness and simplicity. We note in them the frank predominance of the instinctive life, and they charm us in many ways just as young animals do.—ARTHUR RICKETT: *"The Vagabond in Literature."*

Cupid and the Muses.

Cupid being asked by his mother Venus why he did not assault and set upon the Muses, his answer was that he found them so fair, so neat, so wise, so learned, so modest, so discreet, so courteous, so virtuous and so continually busied and employed that approaching near unto them he unbent his bow, shut his quiver, and extinguished his torch thru mere shame and fear that by mischance he might do them any hurt or prejudice. Which done, he thereafter put off the fillet wherewith his eyes were bound, to look them in the face and to hear their melody and poetic odes. There he took the greatest pleasure in the world, and many times he was transported with their beauty and pretty behavior, and charmed asleep by their harmony, so far was he from assaulting them and interrupting their studies. —LUCIAN: *"Venus and Cupid."*

Pregnancy in Child Fourteen Years Old.

Dr. James Burnet (*Brit. J. Child. Dis.*, April-June, 1918) records a case which has a medical as well as a psychological

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interest. He was consulted by the mother of a fourteen years old girl on account of some secretion coming from the child's breasts, which were very full. Menstruation had commenced at the age of twelve and had been quite regular since, but had ceased four and a half months before. The abdomen was enlarged in accordance with this period. On compressing the breasts there was a thin flow. There was anemia but no morning sickness. The child was bright, remarkably precocious, interested in her school work, well behaved at home.

On April 22nd, 1918, she was delivered of a healthy boy, weighing 9 pounds at birth. The labor was uneventful.

Conception had taken place on July 28th, 1917. The father was a boy of about the girl's own age. Shortly before having connection he had presented her with a ring. There was mutual affection, and the couple apparently regarded themselves as husband and wife.

A Non-Unanimous Planet.

Were a god to appear in our midst and make a valid offer to confer upon society, to-morrow, any boon we choose to ask ....the answer would be a Babel of outcries such as the world has not heard since the first confusion of tongues.... The Pope at one end would ask for the conversion of society to his religion, while somebody else at the other end would be content with a universal diet of fruit and nuts. One useful purpose at least would be served by the experiment—that of revealing the endless diversity of human ideals. Balked, bewildered, and discomfited, the benevolent god would at last retire and betake himself, perhaps, to some more unanimous planet.—L. P. JACKS.

The Health of College Athletes.

There are people who believe that the strenuous exercise of athletics is harmful to physical health and intellectual activity. Professor C. E. Hammett (*The Scientific Monthly*, April, 1918) furnishes evidence which points to the contrary. The results of an investigation of the effects of rowing upon Harvard crews from 1852 to 1892, the testimony being taken ten years after the men had quit rowing, showed remarkable longevity, and only two of 152 oarsmen had died of heart disease, and one of consumption. Eighty of these men had made brilliant professional and business careers, and twenty others enjoyed national and international reputation. Out of 35 men examined for life insurance, only one was rejected; 94 per cent. of the oarsmen were free from any affection of heart, stomach, or kidneys; over 50 per cent. had not been sick in bed for one week since leaving college. Further evidence is adduced from data obtained in a study of 807 Yale athletes who won the coveted "Y" in crew, football, track and baseball between the years 1855 and 1895. Of these 807 men only four died of heart disease, and two of them were 68 and 70 years old. Professor Hammett has investigated the effect of Distance Running upon college men from all parts of

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the country who had quit running years before. Ninety per cent. of these men claimed to have derived permanent benefit. Especial attention is drawn to the fact that 112 of the athletes broke training abruptly to enter mercantile and other pursuits which afforded no opportunity for indulgence in athletics. Yet all but one were in perfect health years after. From all the data collected and from a vast personal experience extending over a period of twenty-five years the author is impressed by the fact that strenuous exercise has a most beneficial effect upon the whole organism. Athletics induce good habits which promote health and long life. The athlete's nerves tingle with energy, his muscles with vigor, and his body becomes a beautifully coordinated neuro-muscular machine which is built to endure.

Cleaning Nickel-Plated Articles.

Nickel-plated articles which have become dull can readily be rendered bright again by means of alcohol to which 2 per cent. of sulphuric acid has been added. The liquid is applied liberally, and after a few seconds is washed off with clean water. The surfaces are then rubbed over with a swab dipped in fresh alcohol, containing no acid, and finally polished with a dry cloth. This method will give brilliance to the dullest piece of nickel-plating without damaging it in any way.

Famous Famines and Epidemics.

In London, in 1258, no less than 15,000 people were starved to death; in France, in 1348, one third of the whole population perished from starvation. In Rome, from 250 to 265, a plague raged which, for some time, carried off daily 5000 persons. In England, in 1506 and 1517, the sweating sickness slew half the inhabitants of the large towns and depopulated Oxford. In London, in 1603 and 1604, the plague killed 30,578 persons, and in 1664 and 1665 it destroyed 68,596. In Naples, in 1656, 400,000 died; and in Egypt, in 1792, above 800,000.

For Life.

Dear Doctor: Enclosed is money order for $10.00 to extend my subscription for life. I do not always agree with the views you express, but approve sufficient of them to wish to keep closely in touch with you. Don't believe I'd think an awful lot of a fellow who never saw things at a different angle to that presented to me, so don't feel like showing him over the fence when we differ in opinion or practice. Most of us are right part of the time and wrong another part, but if we honestly try to keep on the right side we pretty well do our part.

Will welcome your monthly visits as I have for several years past.

Faithfully yours,

LOCKBURN B. SCOTT, M.D.

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Practical Points in Treatment

Chordee.

The term chordee denotes painful erections accompanied by a curving of the penis. It occurs in acute gonorrhea.

Dipping the penis in hot water, or water containing some lead and opium wash (Solutio plumbi et opii 1 part, hot water 7 parts), or a warm sitz bath (100° F. gradually raised to 115° or 120° for 5 to 10 minutes), act as a prophylactic. But when the erection or chordee is actually present, then dipping the penis in ice cold water, or wrapping it in an ice cold compress, or surrounding it with pieces of ice, is more efficient. A sixtieth of a grain (1 milligram) or atropine sulphate is frequently effective in preventing any erections.

Aconite, gtt. i of the tincture hourly, will relieve chordee.

Morphine, hypodermically, is a sure remedy; it should be injected at bedtime.

Belladonna, combined with camphor or opium and oil of theobroma, gives excellent results. The following is a good prescription.

Morphinæ Sulph. .....gr. 1/3
Ext. belladonnæ. .....gr. 1/4
Ol. Theobromæ. .....gr. xxv
M. f. Suppos. No. 1. Tal. dos. Vi S. Insert one on going to bed.

Lupulin, monobronated camphor and hyoscyamine are efficient for internal use.

The following formula is useful:
Lupulini. .....gr. v
Camphoræ monobron. ..gr. iii
Hyoscyaminæ hydrobrom gr. 1/60
M. f. Caps. No. 1. Tal dos...xii
S. One before going to bed.

In obstinate cases an additional capsule may have to be taken an hour before going to bed.

The diet should be low. No stimulants are to be taken. Alcohol is strictly forbidden.

Copious draughts of barley water, or linseed tea are beneficial.

A Good Corn Cure.

Resorcini
Acidi salicylic .....āā gr. xv
Acidi lactici
Collodii flex. .....āā ℥iiss

Apply to corn after bathing foot in hot water. This is to be renewed for five or six nights in succession. The foot is then well soaked in hot water, and the collodion lifted off bringing the corn away with it.

Epistaxis or Nosebleed.

A common nosebleed often ceases of itself, but it may recur again and again and cause anemia.

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It may be stopped by keeping the patient in a sitting posture, raising his arms above his head and applying an ice bag to the back of his head.

In a severe hemorrhage cloths wet with ice cold water should be applied to nose and forehead while the patient lies on his back, his head slightly raised.

Sometimes a douche of water at 110° F. acts well.

Alum is injected or snuffed up in powder.

Tannin, finely powdered, is blown into the nostrils thru a quill.

Vinegar on lint introduced into the nostrils is sometimes efficient.

Turpentine, given internally, has proved advantageous in debilitated conditions.

Aconite, in small frequent doses, is said to check epistaxis in children and plethoric persons.

Adrenalin Chloride, the 1 to 2,000 solution sprayed into the anterior nares, is effective, and so is a pledget of cotton saturated with a ten per cent solution of antipyrin. This might be considered the best of all applications.

Freckles.

The freckled areas should be washed, morning and evening, with about a teaspoonful of the following solution:

Hydrargiri chloridi corrosivi 1 gram
Zinci Sulphatis
Plumbi acetatis...āā 2 grams
Alcoholis ..... 50 grams
Aquæ destillatæ .... 300 grams
M. fiat solutio.

An ointment containing zinc oxide should be kept in contact with the parts overnight.

Nightsweats.

Profuse nocturnal sweating is often observed in debilitated individuals. Tonics, such as iron, quinine and strychnine are indicated. Atropine 1/200 to 1/100 grain hypodermically or 1/60 to 1/20 grain by the mouth has been found useful when given about 1 hour before the usual time of beginning of sweating.

The following formula is good:

Zinc oxid .....gr. xxx
Extract of Belladona..gr. iii
Make into 10 pills. Give 1 pill before going to bed.

Camphoric acid given dry on the tongue, not over 2 hours before the expected sweating, is considered one of the very best remedies. The dose is 10 to 30 grains. Agaric acid in ½ gr. doses at bedtime is usually effective.

Naphthol in a 5 per cent alcoholic solution is used locally.

Sponging at bedtime with dilute vinegar or alcohol is also quite efficient.

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THE MEDICAL

Critic and Guide

Incorporating the

Dietetic and Hygienic Gazette, Physicians Drug News & Office Practitioner

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $2.00 Single Copy, 25c.

The Editor of this Journal writes his own editorials. He says what he wants to say in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Volume 21. NEW YORK, DECEMBER, 1918. No. 12.

Editorials and Editorialettes

At Last.

November 11, 6:00 a. m.

For fully half an hour the whistles have been blowing.... There can be no mistake this time.... The armistice must have been signed. The slaughter has ceased. Peace will be with us soon.... If I were an orthodox believer, I would fall upon my knees and thank the Lord that at last, at last.... But the tears are running down my cheeks, my heart is overflowing with joy, and I am, momentarily at least, happy.... I have passed an utterly sleepless night. I felt that I could not sleep. And so until 2 o'clock I made no attempt. Just writing and reading. At two I went to bed, but sleep would not come. Against my will I listened for each noise, for each whistle. Several false alarms. At last it came....

At last, at last. At last will humanity come into its own—more or less. At last will the ravening beasts of hatred, cruelty, murder, suspicion, disloyalty-hunting, paytriotism profiteering, and sadistic blood-lust be chained.

At last will there be something really to be thankful for....

At last, at last. I do not know, how much it means to you, but it means an enormous lot to me.... To me it was a question of life and death. Never will you know what I have gone thru, these four years and three months, particularly these last nineteen months. A continuous nightmare, a day and night nightmare. These sirens and church bells are gradually lifting the nightmare....

At last, at last....

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Ours is the World and to Us Belongs the Future.

At last can we utter a sigh of relief.... At last will life run again in its normal, but new and cleansed channels.... At last will humanity begin to come into its own. The stranglehold upon the throats of all humane, sane and moderate men and women is loosened, and the true lovers of mankind will again be able to raise their voice, and now their voice will not be a voice in the wilderness.

And the first thing I wish to say is this: Ours is the world and to us belongs the future. The Prussian Junkers have been crushingly and forever defeated. But their defeat sounds the knell of Junkerdom everywhere—and let our Junkers take due notice. **Ours is the world and to us belongs the future.** Not to the Lodges and to the Poindexters and their ilk, not to the bureaucrats and swashbucklers, not to the corrupt editors and venal publishers, not to the stupid bourbons and vicious reactionaries, not to the advocates of cruelty and frightfulness; nor on the other hand to the extremists who foolishly tho ever so sincerely believe that the world can be changed over night, that opinions can be thrust down a nation's throats, and that one class has the right to force its will upon all other classes; in short, neither to the advocates of black terror, nor to the advocates of red terror belongs the world and the future.

It is to us, **the sane radicals,** who love humanity as a whole and not merely the class to which we happen to belong; who love genuine liberty and real democracy—not the besmirched kind prated about by every sham paytriot and renegade radical;—who believe that love and kindness have always been and always will be more successful in attaining a noble object than hate and cruelty; who believe in and practice tolerance, forgiveness, conciliation and magnanimity,—it is to us, I say, that the world belongs.

Ours is the world and to us belongs the future.

And, more influential than ever, more boldly and more fearlessly than ever, THE CRITIC AND GUIDE will resume its preaching of sanity, of humaneness, of

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tolerance, of compromise in little matters and unyielding steadfastness in fundamental principles; but while unremittingly fighting all conscious anti-social elements, it will immediately extend the hand of fellowship to those who acknowledge their error and wish to fight on the side of humanity against reaction and autocracy.

More than ever will THE CRITIC AND GUIDE preach sane radicalism.

Ours is the world and to us belongs the future.

* * *

To thousands of people the unique CRITIC AND GUIDE has been not only a source of information, not only a guide in therapeutic and hygienic matters, but a joy and consolation in their everyday life. We expect it to furnish you even more joy and consolation than it has in the past. For the million-ton mountain that has been depressing our soul during the past fifty-two months has been lifted; we breathe more freely, we feel more freely, our optimism which we feared was gone never to return insists on coming back—and all that we feel we shall share with you in the pages of THE CRITIC AND GUIDE.

PEACE! —LET US HAVE PEACE!

Why More Male Children Are Born During the War.

Several letters have reached me asking to explain why so many more boys than girls are born during war. Some correspondents ask if the fact that so many more male children are born during any great war is not a proof of the remarkable wisdom of Nature or of a supreme Intelligence; for as so many men are killed off during the war, Nature in her inscrutable wisdom makes up for the loss by a great increase of boys over the number of girls born.

Now it is very unpleasant to have to shatter a universally accepted myth, but the whole thing is perfect piffle. And we need give no explanations, for the thing is simply untrue. The ratio of boys to girls born during any war does not differ from that of any other time. Examine the statistics for any period in any country, belligerent or non-belligerent, and you will find that the ratio of boys to girls is always practically the same, usually from 102 to 106 boys to each 100 girls born.

The general birthrate is decreased during wartime—but there is no difference in the ratio between boys and girls.

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Sorry to have to shatter another myth. But it can't be helped. However, there are so many lies, illusions and myths prevalent, that the destruction of one doesn't matter, so you needn't grieve.

Why the Birthrate Decreases During the War.

I have just stated that in wartime the general birthrate is diminished. This needs no mysterious or supernatural explanations. The reasons are very simple ones. So simple that anyone can see them and perceive their validity.

The first and simplest reason is of course because so many men during the optimum period for procreation are taken away to the battlefield. Many are killed, many are maimed, in short many prospective fathers are made non-effective.

The second reason is that very many mothers deliberately abstain from procreation. They do it more during wartime than during any other period. The grief over a slain or mutilated son, the thought, conscious or subconscious, that it is a crime to bring them up to manhood and then have them serve as cannon food, makes many a father and mother, particularly the latter, refrain from bringing children into the world.

But there is still a third reason, a reason to which no attention has been paid, but which is nevertheless more potent than the other two reasons combined. It is, that during wartime *there is a general depression of spirits* in a nation. Millions and millions of the population are depressed and worried. And worry is the most potent of all agents in causing lack of libido. There is nothing in the world that will depress sexual desire so much, causing a complete or relative impotentia coeundi, as will worry.

The above three reasons combined are responsible, without any supernatural interference, for causing a diminished birthrate during war.

Financial Bankruptcy and Fatherhood.

We are told that a man seldom becomes a father in the year in which he has become a bankrupt. Financial worries depress both the libido and the potentia coeundi; perhaps also—who knows?—the potentia generandi. Financial bankruptcy often leads to sexual bankruptcy.

The Length of Woman's Sex Life.

The foolish still keep on believing and teaching that woman's sex life commences with the appearance of her first menstruation and ends with the disappearance of her last. Her childbearing period ceases with her menopause, but not her sex life. As we have pointed out so many times, quite a large percentage of women are more passionate after the menopause than before, and many women of sixty and sixty-five (perhaps older, tho we have not met any) suffer very intensely if they cannot have

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proper sexual relations. As some sexologists say, rather exaggeratedly: A man's or a woman's sex life lasts from his or her first to his or her last day.

Criminal Treatment of the Urethra.

It was the great Lallemand who introduced the barbarous, murderous method of treating spermatorrhea and other sexual disorders by cauterizing the prostatic urethra with solid silver nitrate. This caused many strictures, occlusion of the ejaculatory ducts with consequent sterility, and it was of this method that Ricord said that it was responsible for more eunuchs than all the harems of the East. We no longer use the solid silver nitrate for cauterizing the prostatic urethra, but some urologists still use too strong solutions of silver nitrate in the urethral canal. It would be a good idea if each urethral syringe, sound, dilator, urethroscope and endoscope had the humane admonition: Noli Nocere! branded on its shaft. It might have some influence in making the physician a little more careful, a little more humane, with other people's urethras.

A Dream Worth Recording.

I have a cane that I brought along from Hawaii. It is of koa wood, a hard wood but rather fragile. And I always take particular care not to drop it.

One night recently I dreamed that the cane fell and the handle was split off. I felt very sorry because I liked the cane both for its appearance and its associations. And I knew in the dream that I couldn't get another one till, if ever, I went to Hawaii again. And that was all there was to that dream.

On the very next night I dreamed again that the handle of the cane was split off exactly in the same location. And here is where the remarkable significance of the dream comes in. *I dreamed that this time I was not dreaming but was awake.* That the thing took place in the daytime. And I felt extremely unhappy, not because the cane broke, but *because the dream of the previous night came true.* In the dream I knew that I believed that all the stuff about dreams coming true was nonsense, that I always considered it a silly superstition, and that now in view of the fact that my dream about the breaking of the cane came true on the very next day, I would have to change my opinion about dreams, would have to begin to believe that there is something after all in a dream and that those who believed in the prophetic significance of dreams were not all fools. And I further reasoned that if I began to believe "that there was something in dreams," I would also have to believe that there was something in presentiments, something even in telepathy and in a number of other things which I considered silly superstitions. And I felt very unhappy; I did not want to change my rational

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beliefs, for I knew that they were correct. And still I did not know how to explain the immediate fulfillment of my dream. I awoke in my anxiety and felt very happy that this time it was also a dream.

The cane is still in perfect condition and I have not dreamed of it again.

If there is any sexual significance or wish fulfillment in that dream, I wish some Freudian would tell me what they are. I have no doubt, however, that with their remarkable ability to explain things, they would have no difficulty in finding both.

One Thousand Things to be Thankful For.

This Thanksgiving day we have a thousand things to be thankful for. Of course, the first thing to be thankful for is that the war is over; the other 999 things—well, they are so unimportant in comparison with the first, that they sink into insignificance, and are not worth referring to.

"The Nation," "The New Republic" and "The Public."

I consider it my duty to advise those of my readers who can afford it to subscribe for *The Nation* (New York). It is a paper that deserves the support of every genuine and humane liberal.

I have been recommending *The New Republic* at every possible opportunity, and I know that directly and indirectly I have been instrumental in making hundreds of subscribers for it. I now wish to recommend The Nation still more warmly, still more earnestly. I do not wish you to discontinue your subscriptions to The New Republic. The New Republic is a very valuable publication and will be of great importance in our reconstruction period; but the last dozen or so issues of The Nation make me prefer it to The New Republic. The New Republic is, or tries to be, how should I say, too judicial, too philosophical. Many of the brutalities and outrages that have been committed almost daily by our vicious bureaucrats, it passes by without a comment. Not so The Nation. The Nation is more human, it is not afraid to express its indignation in *human* language. Also it is rather bolder and more fearless than The New Republic. The New Republic, one can notice, is yet a little afraid of antagonizing readers, of losing subscribers. Oscar Garrison Villard (long may he live!) states his honest convictions in the pages of The Nation without regard to the effect it may have on the semi-jingoes and the half liberals.

This is not an advertisement. I do not even get The Nation free, but pay my four dollars a year as everybody else does. But when in the midst of blood-lust hysteria there is a paper that maintains its equilibrium, attacks brutishness and boldly demands decency and sanity, it deserves the support of all liberals.

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The Public used to be and still is a good paper. But it had some pretty bad things. Its series of articles by Louis F. Post and some of its own editorials on the conscientious objectors, etc., will but with difficulty be forgiven and forgotten. But I imagine it will never be guilty of such mistakes again, and I bespeak for it, also, your good will.—[Nor must I fail to mention *The Dial*, *The World To-Morrow*, *The Liberator* and *Upton Sinclair's*.]

What a Convenient Thing a Wife Is.

We were speaking the other day of a gentleman who used to be a rabid radical—the Socialists were too tame for him—but who had gone over boots and breeches, body and soul, into the camp of the most rancid reactionaries. We were trying to analyze the psychology of a man who could swallow all his libertarian professions—without choking—, trample upon his humanitarian principles, spit at the faith which he held most sacred, denounce and slander his former co-workers, betraying them to his former enemies, who could do all that, and still be able to look into a mirror and to enjoy his meals and his night's sleep. "Oh, it's his wife's fault," explained one of the company. "She is a conservative. She got tired of his radical activities, which brought him in no money. She refused to skimp and pinch and be a drudge, and so when there was an opening, on a fat salary, with a reactionary militaristic association, she made him take it." The company swallowed the explanation. We said nothing then, but we will say something presently.

At another time we were discussing a well-known writer—one of the greatest of English writers. His talent was universally admired, but regret was expressed that he wrote so much, and so rapidly, with the result that some of his writings were almost pot-boilers. If he worked more slowly, took greater pains, published fewer books, his work would be of a much higher, more permanent quality. As it is, some of his later books were almost ephemeral in character. "I was told," said one of the company, "that it was all on account of his wife. She is a fearful spendthrift, crazy for clothes, and insists upon living in an extravagant manner. He must work at high speed to be able to meet all her bills." And so it goes. What a convenient thing a wife is! She is always handy, and she can easily be made the scapegoat for all our failures, for our laziness, meanness and even our villainies.

Now, I do not at all mean to imply that wives—particularly wives who are also mothers—have never been responsible for their husbands doing things which they perhaps would not have done otherwise, i.e., if they had had no dependents; nor do I mean to say that wives have never been responsible for the moral and intellectual deterioration, or even disintegration, of their husbands, tho hardly oftener than vice versa. But I do wish to say and say most emphatically that very, very often the casting of the blame

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for the husband's wrong-doing on the wife's head is nothing but a cowardly gratuitous slander. In the two instances referred to above the blaming of the wife was in the nature of such a slander. The ex-radical always was a skunk; but he was unable to sell his talents. The war offered him such an opportunity and he grasped it. As a matter of fact his wife was opposed to it. In the second instance the entire explanation was made out of whole cloth. The wife is rather modest in her tastes, and the man writes so voraciously (I know one can eat and read voraciously, but I am not sure that one can write voraciously; but I will let it stand) because he cannot help it. That is his nature, and he does not care to make any efforts at changing it.

It is really time to stop putting all the blame on Eve. The story is getting too old. Adam said: She gave me the apple and I ate. The modern husband claims that she gave him the apple and he wouldn't eat, but he had to because she pushed it down his throat.

It is true that some husbands have been pulled down by their wives; but many more have been pushed up. 'Steen million husbands would have amounted to nothing if it had not been for their wives.

Now, will you be good?

Superstition and Surgical Skill.

There is a great surgeon in this country whose operative dexterity everybody admires, who will not operate on Friday. Another surgeon, almost equally well known, will refuse to operate on a certain day because he spilled salt that day. He simply will not operate on that day, even if the patient's interests demand it; he will delay the operation until the next day, so I am told. Other surgeons have other whims and superstitions.

It is almost unbelievable that a man who is master of his profession can be as superstitious as an illiterate old woman, but it is a fact. And it goes to show what I have asserted so many times before, that great manual dexterity, or accomplishments in the arts do not necessarily go with a clear, analytical mind. A man may be a great surgeon, a great singer, a great sculptor, a great painter, a great lawyer, even a great chemist or physicist, and still, when it comes to *thinking,* to modern ideas, be on a par with the poor moron, upon whom we look with such pity and involuntary contempt.

The Remote Blessings of Tonsillectomy.

Those who are financially or otherwise interested in the performance of as many tonsillectomies as possible are never tired of telling us of the wonderful results attained by tonsillectomy. The results are not only of immediate good, but serve to prevent infections in the future, etc., etc. It is well to hear now and

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then the other side. At the last meeting of the American Medical Association, Dr. John Zahorsky, the well known pediatrist of St. Louis, read a paper entitled "The Remote Results of Tonsillectomy in Young Children." His paper was based on a study of 150 children in his private practice. Their ages ranged from two to twelve years. He said that tonsillectomy was often followed by *immediate* good results. Their appetite might improve, they might gain in weight and feel better in general. But when we follow up their history for some time there is quite a different story to tell. Among the 150 children who were tonsillectomized, he found rhinitis in 38 cases, otitis in 21, bronchitis in 49, pneumonia in 43, asthma in 16, rheumatism in 9, endocarditis in 7, chorea in 6, adenopathy in 15 and diphtheria in 3. The children in general manifested an increased susceptibility to bronchitis, pneumonia and malnutrition. Instead of depending upon removal of the tonsils to improve the general condition of the child, it was much better to pay attention to increasing the child's general resisting powers. It is something that we have been saying for many years, but it takes many years before the pioneer's words begin to penetrate into the consciousness of the mob. No, "mob" is too strong, so we will say rank and file.

Is It Always a Sense of Justice?

If those members of juries who hold out for conviction in spite of all arguments, and those judges who sentence people to five, ten and twenty years for trifling offences, were skillfully psychoanalyzed, how many among them, we wonder, would be found to be confirmed sadists? Only too often does a man or a woman mistake his or her sadistic impulse for a stern sense of justice.

A Rebel Always.

I remember I kicked awfully when I was born, and I have been a rebel ever since; and I shall remain a rebel to my last day; and if there is a hereafter, I shall be a rebel in the hereafter. No doubt I shall be displeased with the way Jehovah manages things, and if I am quite sure I will find that a great many men and women who are in hell ought to be in heaven, and vice versa. I am looking forward to a lot of hot and interesting arguments with Saint Peter and the Boss of the Universe. I shall also demand of the latter some explanation as to the why of the present war.

The American Journal of Urology and Sexology.

We seldom mention in these pages The American Journal of Urology and Sexology. And still it is a most important journal. It is the only journal of its kind in the English language. It occupies a position peculiarly its own. It is not sent out indiscrimi-

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nately, it is sent only to physicians, lawyers, clergymen and a select number of people who are making a special study of the broad field of sexology. There is no other journal that deals in such an earnest and thoro manner with the physiology, pathology, psychology and ethics of sex. Many of the original articles and the translations especially prepared for its pages are alone worth the subscription price of the journal. A bound yearly volume is an invaluable addition to the library of any sexologist. And its contents are not ephemeral. You can take down a volume several years old and you will find it as interesting, as informative, as a volume of the current year.

We should like to give the contents, for instance, of the various issues of the present year, but that would occupy too much space. Here are the contents of the November issue:

Syphilis: Some Pertinent Problems and Ideas.
A Case of Rape on a Young Girl.
The Girl-Boy's Suicide.
Sadistic Teachers and Others.
Masochistic Perverts.
The Perversion of Voyeurism.
Death During Sexual Intercourse.
Worry and Libido.
False Accusation of Rape.
A Remarkable Experiment in Venereal Prophylaxis.
A Point about the Wassermann Test to Bear in Mind.
Impregnation without Menstruation.
Impacted Calculi of Bladder and Urethra.
Man's Insignificance.
Latent Gonococcal Infection.
Morbid Lying in Young Girls.
A Case of Excessive Masturbation.
Marriage Ceremonies among the Kamtchatkans.
Prevention of Conception Amongst the Natives of Central Africa.
A Case of Syphilitic Reinfection.
The Adrenal Cortex in Its Relation to Sex.
Attempted Abortion in Non Pregnant Women.
Six Members of One Family Infected by a Soldier.
The Transmission of Psychological Characters.
The So-Called Criminal Type.
Pederasty in Athens.
Sexual Impotence and the "Judicial Congress."
Prolapsed Womb Mistaken for Penis.
Impotence Caused by Prolonged Inaction of the Parts.
An Amusing Instance of the South Sea Islanders.
Niter for Excessive Libido.
Incompatibility between Urania and Venus.
Universal Prevalence of Artificial Abortion.
Abuse of the Brain.
The Suggestibility of Crowds.
Brothels and Prostitutes in Ancient Greece.

The price of The American Journal of Urology and Sexology is now $5.00 per annum. The price of THE CRITIC AND GUIDE is $2.00 per annum. Total $7.00. But any CRITIC AND GUIDE subscriber who remits $5.00 now can receive both journals for the year 1919. Or you may remit $10.00 for two years, $15.00 for three years, etc. If you are a life subscriber to THE CRITIC AND GUIDE you will receive the same advantage, and The American Journal of Urology and Sexology will be sent to you for $4.00 per annum.

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Sexology and Eugenics

Antiochus and Stratonice: An Instance of Unquenchable Passion.

Stratonice was a young, very beautiful woman, and the wife of Seleucus, the famous King of Syria—therefore the stepmother of Antiochus. The stepson visiting the royal palace often became enamored of Stratonice. The passion grew until he became ill—poor appetite, insomnia, etc. His father was deeply attached to Antiochus and was greatly concerned as to the outcome of the malady, which was rapidly hurrying him to death. In his efforts to restore his son, Seleucus consulted Erasistratus, who was the physician at his court. Erasistratus was famous as an anatomist, and devoted the years of his retirement to dissections. But as a clinician and a student of mental disease, the diagnosis of the disease under which Antiochus labored was truly monumental. Dr. Robert C. Kenner ("Some Clinical and Historical Notes on Erotomania," Alienist and Neurologist, Jan. 1918) says it was the work of a pioneer at a time when medicine was in its infancy and will always challenge the admiration of all who appreciate those who go alone in unexplored fields and discover the fine savannas which await those who will come after.

The following account is quoted from Rollin:

Antiochus was seized with a lingering distemper, of which the physicians were incapable of discovering the cause; for which reason his condition was thought entirely desperate. It is easy to conceive the grief and anxiety of a father who beheld himself on the point of losing his son, in the flower of his age; whom he had intended for his successor in his vast dominions, and in whom all the happiness of his life consisted. Erasistratus, the most attentive and most skillful of all physicians, having carefully considered every symptom with which the indispostion of the young prince was attended, believed at last that he had discovered its true cause, and that it proceeded from love; in which conjecture he was not deceived. It was, however, more difficult to discover the object of this passion, which was the more violent from the very secrecy in which it remained. The physician, therefore, to assure himself fully of what he surmised, passed whole days in the apartment of his patient, and when he saw any lady enter, he carefully observed the countenance of the prince, and never discovered the least emotion in him, except when Stratonice came into the chamber either alone or with the King, at which times the young prince was always affected with the symptoms described by Sappho as so many indications of a violent passion; such, for instance, as a suppression of voice, burning blushes; dimness of sight; cold sweat; a sensible inequality and disorder of pulse,

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with a variety of similar symptoms. When the physician was afterwards alone with his patient, he managed his inquiries with so much dexterity, as at last drew the secret from him. Antiochus confessed his passion for Queen Stratonice, his stepmother, and declared that he had in vain employed all his efforts to vanquish it; he added that he had a thousand times recourse to every consideration that could be represented to his thoughts in such a conjuncture; particularly the respect due from him to a father and sovereign, by whom he was tenderly beloved; the shame of indulging a passion altogether unjustifiable, and contrary to all rules of decency and honor; the folly of harboring a desire he ought never be desirous of gratifying, but that his reason in its present state of distraction, entirely engrossed by one object, would hearken to nothing. And he concluded with declaring that to punish himself, for desires involuntary in one sense, but criminal in every other, he had resolved to pine to death, by discontinuing all care of his health and abstaining from every kind of food.

The physician gained a very important point by penetrating into the source of his patient's disorder; but the application of the proper remedy was much more difficult to be accomplished; and how could a proposal of this nature be made to a parent and King? When next Seleucus inquired after his son's health, Erasistratus replied that his distemper was incurable, because it arose from a secret passion which could never be gratified, as the lady he loved was not to be obtained. The father, surprised and afflicted at the answer, desired to know why the lady was not to be obtained.

"Because she is my wife," replied the physician, "and I am not disposed to yield her up to the embraces of another."

"And will you not part with her then," replied the King, "to preserve the life of a son I so tenderly love? Is this the friendship you profess for me?"

"Let me entreat you, my Lord," said Erasistratus, "to imagine yourself for one moment in my place; would you resign your Stratonice to his arms? If you, therefore, who are a father would not consent to such a sacrifice for the welfare of a son so dear to you, how can you expect another should do it?"

"Would to God," Seleucus exclaimed, "that the cure of my son depended only on my acquiescence. I would resign both Stratonice and my empire to him, with all my soul."

"Your majesty, then," replied the physician, "has the remedy in your own hands; for it is Stratonice whom he loves."

The father did not hesitate one moment after this declaration, and easily obtained the consent of his consort; and his son and that princess were crowned king and queen of Upper Asia.

The Power of Love.

We are indebted to Brantome for the following story:

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In the time of Francis I, one of the beauties of the court having a talkative lover, ordered him to be dumb. His obedience for two long years made all the world believe that he had lost his speech.

One day, in a numerous assembly, the young woman, with a look of severity, addressed her lover with the words, "Sir, I request you to speak!", and instantly, he fell to her feet, and, to the amazement of all around, began to speak.—

A Great Book on Woman, Her Sex and Love Life.

A Review.

BY L. C. FRAINA.

In matters sexual, man has usually had the advantage. Under the old conditions of general ignorance man was allowed to express his "natural bent," and whatever advantages prevailed were his. Woman suffered from her own ignorance and the ignorance of the man, plus man's license and transgessions. Today, the cry is for sexual enlightenment. For man *and* woman? Not at all! There is a mass of people who acquiesce in sex education for man and boy, but lift up their hands in holy horror at the idea of imparting similar instruction to the young woman and girl. It's indelicate! And yet, somehow or other, in spite of her delicacy, woman is still the victim of man in more ways than one. Or, perhaps, it is an other expression of man's peculiar chivalry, for inasmuch as "ignorance is bliss," man is offering to make woman happy by keeping her in ignorance.

As a matter of incontrovertible fact, sex knowledge for women is infinitely more necessary than in the case of man. Dr. Robinson in his new book says:

"A misstep in a girl has much more disastrous consequences than it has in a boy. The disastrous results of a misstep in a boy are only physical in character; the results of the *same* misstep in a girl may be physical, moral, social and economic. ....She runs the risk of venereal infection the same as the boy does, but in addition she runs the risk of becoming pregnant, which in our present social system is a catastrophe indeed. ....She does not permit herself to look for a mate (after a misstep), but if she does get married, the spectre of her antematrimonial experience is constantly before her eyes,.... Not only psychically is a woman's love and sex life more important than a man's, physically she is also much more cognizant of her sex and much more hampered by the manifestation of her sex nature than man is. ....Man has no such phenomenon (menstruation) to annoy him practically his whole life. ....And when a woman is on the point of ceasing to menstruate she does not do so smoothly and comfortably. She has to go thru a period called the menopause, which may last one or two years and which may bring discomforts and dangers of

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its own. ....Altogether it cannot be denied that woman is much more a slave of her sex nature than man is. ....I do not wish to be misunderstood as underestimating the need of sex instruction for the male—only I consider the need even greater in the case of the female."

But *agreeing* to give our women and girls the necessary knowledge settles only one point of the problem. Equally necessary, if not more so, is the *character* of the instruction imparted. Mere information about the sexual organs and functions, or about the process of birth, is not in itself sufficient. The sexual life, while based upon these primary facts, transcends them. They simply constitute the foundation of the edifice.

There is a young girl of sixteen or seventeen. She is moody, she dreams of love and life; she is on the verge of a new birth, physically and psychically. Assume she knows the structure and functions of the sexual organs—many don't, the majority only vaguely—; assume she knows about the hygiene of menstruation. And what then? All her information won't enable her to cope with the problems of adolescence. She has been warned against a misstep—where she needs bread, she is given a stone. Adolescence is an all-pervasive problem in itself. Adolescence is one of the most beautiful, most important period in our lives. It may yield joy and inspiration, or sorrow and death—it all depends upon the fullness of the sexual information of parent and child, and its honesty. In the girl's case, adolescence is a strange, fearsome, uncontrollable thing.

Here is another girl—she is pale; there is a shifty look in her eyes, they avoid yours; she is afraid of people, diffident and secretive. She masturbates occasionally. Not enough to really hurt her. But she has been given dishonest information about this habit—lurid exaggerations, either in books or from her parents; instead of sympathy, her parents use threats and coercion. She has tried to stop. And she may have succeeded. But the dishonest information depresses her, she has been made to feel herself a criminal or a pervert—her life is wrecked. Not ignorance in her case is the culprit, but false information.

And there are others equally interesting; we meet them every day, but only the physician knows their troubles. This is a woman who detests men, because she has heard frightfully exaggerated tales about venereal diseases in men; while this other woman, married six months, is a wreck because in her ignorance she became the wife of a man infected with a venereal disease. This other woman, forty-six years old, is in a strange unrest; she squabbles with her husband, she suffers, she has periods of ecstasy and depression; she doesn't know what's the matter, for she isn't sick,—she doesn't know that she is going thru her menopause.

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All these girls and women, and a thousand score of others, are suffering in various ways and degrees from lack of information or downright *mis*-information on matters sexual. This imposes the task of providing the information of sex honestly and sanely. A little knowledge in itself is a dangerous thing.

The task Dr. Robinson has set himself in his new book is to impart all the necessary information in all its phases fairly, squarely and honestly. The author says: "If this book shall be instrumental, as I confidently trust it will, in destroying some medieval superstitions, in dissipating some hampering and cramping errors, in instilling some hope in the hearts of the hopeless, in bringing a little joy in the homes of the joyless, in increasing in however slight a degree the sum total of human happiness, its mission shall have been gloriously fulfilled....in spreading healthy, sane and honest ideas about sex among the men and women of America."

This task has been ably performed. In every case, the purpose has not been to impart interesting information, but the practical application, its relation to human happiness. Errors are mercilessly attacked, the truth fearlessly affirmed. And the result is a book that brings hope and potential happiness to the intelligent woman.

The book opens with a description of the physical facts of sex, at once scientific, delicate and chaste in presentation. The description is graphic and fascinating, particularly the description of conception and the process of birth. The period of puberty and adolescence, particularly their psychic changes, is treated sympathetically and thoroly.

Among the other topics treated are: the disorders of pregnancy, when to engage a physician, who should and who should not marry, birth control, the hygiene of menstruation, masturbation, the menopause or change of life, venereal diseases and venereal prophylaxis, advice to girls, sexual relations during menstruation and pregnancy, frigidity, what is love, jealousy and how to combat it, abortion and miscarriage, prenatal care, advice to parents of unfortunate girls, etc.

An important feature of this book is the author's humaneness and sanity in dealing with vexing problems. Dr. Robinson has no patience with either the extreme conservative or the extreme radical. He is always human and rational, which is to say truly scientific,—a vital thing in a book that seeks to be of practical use, to assist in the comprehension and development of their sexual life.

Take, for example, his discussion of venereal diseases. Dr. Robinson has been a pioneer in educating the public in the dangers of the venereal peril. And yet, the exaggeration of some propagandists is doing in its way as much harm as the ignorance previously prevailing. This foolish exaggeration, says Dr.

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Robinson, "makes many girls unhappy, sowing in them the seeds of suspicion and cynicism, tends to make them antagonistic to the entire male sex, and inoculates them with a senseless fear of marriage." But, on the other hand, the author insists that no marriage should take place without a medical certificate of freedom from transmissible disease.

Then the book touches upon the question of sexual disorders in women. This is a very important subject, upon which Dr. Robinson has done pioneer work. A woman may be free from sexual disease as such, and still suffer from sexual disorders perhaps equally injurious. This is a vital subject, knowledge of which is indispensable for a woman who wishes to live normally and happily, and is dealt with ably in this book.

All in all, *Woman: Her Sex and Love Life* is a complete book, instinct with fullness of knowledge, sympathy and delicacy. Its reading may mean the difference between making and breaking a human life.

Marriage, Prostitution and Prevenception.

Conditions change; laws and customs must adapt themselves thereto. Reforms are necessary in the relation between men and women as in the relation between men and men. Correa Moylan Walsh points out that marriage is made too easy and should be made a federal concern and should be regulated, instead of being left haphazard. Impediments should be prescribed, such as hereditary and transmissible defects and general diseases. Divorce should be cheap, so as to give no advantage to the rich over the poor, and to keep the latter from acting outside the law. Marital relations by no means exhaust the sexual relations. In our country, as in England, there is the Puritanic inheritance of prudery, or the affectation of innocence, which is apt to produce ignorance in some, in others, hypocrisy. Better education is needed—physiological, medical, legal, and moral.

White slavery in its true sense, the slavery of women, whether white or colored, in brothels under duress, and the reduction of women to that condition by rape or seduction, should be ferreted out and punished with severity little short of that which murder is dealt with; while, on the other hand, voluntary prostitution should be legally hindered only to prevent lewdness and obscenity in public.

Acts that are not crimes should not be made into crimes by law. What is not a crime in crossing a county line is certainly not a crime in crossing a state line. The Mann Act should be repealed immediately. [Glad to see somebody have the courage to say a word against that dastardly blackmail statute.—Ed.] Acts undoing a mistake, an accident, or a crime, certainly are not

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themselves crimes, therefore, abortion on the part of a raped or deceived woman should not be penalized.

One of the most foolish laws we have is the one forbidding contraception Our federal government here strains its power over the postoffice, and our states directly violate the rights of free speech and free press which naturally include the right of free science. To identify it with obscenity is a subterfuge. for then obstetrics would have to be forbidden. Diffusion of the knowledge of the means of contraception has the advantage of permitting young people to marry early and so of removing a cause for young men to patronize prostitutes and for young women to suffer restlessness. Its employment. also, is a positive moral injunction upon all married people afflicted with hereditary defects.

Knowledge of contraception extends thruout the upper classes. while the law keeps it only from the lower classes.

The latter, therefore, go on breeding lavishly, while the upper classes have curtailed their breeding. Here is the harm done by our law, permitting it above and preventing it below. which is just the reverse of what should be. The supporters of the law are capitalists, who wish to keep up the crowded labor market. and that class of moralists who invoke the law to inculcate morality—like the prohibitionists. who would punish men for drinking. instead of merely punishing them for the misdemeanors committed when they are drunk.

A Case of Precocious Perversity.

A boy was brought to Lomboso because the parents, honest and well-to-do people, were convinced that the child's conduct was due to a morbid condition. He showed great spite towards his brothers and sisters, especially the smaller ones, whom he attempted to strangle on several occasions, and was expelled from school on account of the bad influence he exercised over his schoolfellows. He delighted above everything in robbing his parents, employers and neighbors; and in falsely accusing others, and so cleverly did he manage this that he caused a great deal of mischief before his double dealing was discovered. When only eight, on leaving home early every morning to go to work, he would secretly throw all the milk left at the neighbor's doors into the dust bin, then he accused the janitor of stealing it and got him dismissed. A year later he nearly succeeded in causing the arrest of a pawnbroker, whom he accused of having lent him money on a cloak, it being illegal in Italy to accept anything in pawn from a minor. The cloak, however, was discovered by his mother, hidden in the cellar. At ten years of age he alleged that his father had brutally ill-treated him, and as severe marks and bruises on his body gave color to the accusation, the poor man was arrested. The marks, however, were self-inflicted.

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False Accusations of Rape.

Grown females often accuse innocent men, particularly physicians and dentists, of having abused them while unconscious from the effects of an anesthetic or other drug. The greatest caution should be exercised before accepting such accusations. In such cases the statements usually made are the result of illusions during the unconsciousness of the subject. The prosecutrix most frequently claims that she was but partially under the influence of the drug administered, or, in other words, unconsciousness was not complete; and while in this condition she had not the strength to offer resistance to the assault. Such evidence should be received with very great suspicion, and something more required to establish a charge of rape. The medical examiner should be extremely careful in accepting such statements, unless they are corroborated by proper medical inspection.—Justin Herold, A. M., M. D., A Manual of Legal Medicine.

Menopause and Mental Disorder.

It used to be thought that a woman was a woman because of her ovaries alone. Drs. Norbury and Dollear (*Ill. M. J.*, Aug., 1918) point out that a woman's sexual life is dependent on all the internal secretions. The ovaries are to be regarded as a part of a system to which perhaps all the other endocritic glands belong. General metabolism and the psychology of the individual are influenced by this system.

If the reproductive organs are removed or undergo atrophy, the symptoms of the menopause are produced. Severe disturbances of the metabolism may occur, and specific mental disorders may arise. It is natural that the period of aging brings forth a feeling of inferiority. This condition is accentuated at the menopause, especially in the neurotically constituted and where the sinking of the bodily and mental faculties is *not* accompanied by a narrowing of the emotional life.

In seeking a substitute for her lost power, the patient tries means of compensation and fails. Hence depression, dissatisfaction, distrust, envy, jealousy, restlessness, malice, craving for dominance, false accusation, and not infrequently suicide.

Insight into the mental processes of the patient is of chief importance in the manufacture of these disorders. Tact and patience are imperative. Don't provoke symptoms by suggesting them.

Hospital treatment with its organized service is an absolute need. The prognosis is favorable. The author states that about eighty per cent return to fairly average normality.

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Of General Interest

Despair and Fearlessness.

He who has lost all hope has lost all fear; this is the meaning of the expression "desperate." It is natural to man to believe what he wishes to be true, and to believe it because he wishes it. If this characteristic of our nature, at once beneficial and assuaging, is rooted out by many hard blows of fate, and a man comes conversely to a condition in which he believes a thing must happen because he does not wish it, and what he wishes to happen can never be, just because he wishes it, this is in reality the state described as desperation.—*Schopenhauer.*

Old Age.

BY ARTHUR SCHOPENHAUER.

It is often said that the common lot of old age is disease and weariness. Disease is by no means essential to old age; especially where a really long span of years has been attained; for as life goes on, the conditions of health and disorder tend to increase—crescente vita, crescit sanitas et morbus (health as well as disease increase with the advance of years).

There is no great harm in the fact that a man's bodily strength decreases in old age, unless, indeed, he requires it to make a living. To be poor when one is old, is a great misfortune. If a man is secure from that and retains his health, old age may be a very passable time of life. His chief necessity is to be comfortable and well off; and, in consequence, money is then prized more than ever, because it is a substitute for failing strength.

Deserted by Venus, the old man likes to turn to Bacchus, to make him merry.

It is a piece of good fortune if the old man retains some love of study or of music or of the theatre—if, in general he is still somewhat susceptible to the things about him; as is, indeed, the case with some people to a very late age.

And then, again, experience, knowledge, reflection, and skill in dealing with men, combine to give an old man increasingly accurate insight into the ways of the world; his judgment becomes keen and he attains a coherent view of life; his mental vision embraces a wider range.

Constantly finding new uses for his store of knowledge and adding to it at every opportunity, he maintains uninterrupted that inward process of self-education which gives employment and satisfaction to the mind and thus forms the due reward of all his efforts.

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It is certainly a very melancholy thing if a man's faculties tend to waste away as he grows old, and at a rate that increases in rapidity: but still, this is a necessity, nay, a beneficial arrangement, as otherwise death, for which it is a preparation, would be too hard to bear. So the greatest boon that follows the attainment of extreme old age is euthanasia—an easy death, not ushered in by disease, and free from all pain and struggle.—

Lettuce: A Malthusian Vegetable.

Various species of this plant were known to the ancients. Its type is supposed to be the Lactuca quercina, or the Lactuca scariola, both of Asiatic Origin. Many powerful effects were formerly attributed to its use. It was considered as producing sleep and recovery from intoxication; it was in consequence of this belief that this salad was served up after meals. Thus Martial tells us,

Claudere quae coenas Lactuca solebat avorum,
Dic mihi cur nostras inchoat illa dapes.
(Lettuce our forefathers' dessert used to be
Tell me, why we eat it as entrée.)

This belief in its narcotic qualities induced the ancients to esteem it as an anaphrodisiac; the Pythagoreans had therefore named it *eunuchion;* and *Eububus* calls it the food of the dead——*mortuorum cibum.*

Venus covered the body of her beloved Adonis with lettuce leaves to calm her amorous grief; and vases, in which they were planted, were introduced in the festivals. Galen, who had faith in its powers, called it the herb of sages, and in his sleepless nights sought its influence by eating it at supper. It was also frequently put under the pillow of the rich to lull them to repose.

Its cooling qualities were so much dreaded by the Roman gallants that its use was abandoned; but Augustus' physician, Antonius Musa, having calmed by its prescription his master's uneasiness in a hypochondriac attack, lettuce recovered its popularity; a statue was erected to the doctor, and salad once more became the fashion, altho the prejudices against it could not be removed.

An English nobleman, who had long wished for an heir, but in vain, was blessed with a numerous family by leaving off this Malthusian vegetable.—*Dr. J. G. Millingen*

The First Administration of Ether in Labor.

According to Dr. J. Whitridge Williams, it appears that Dr. N. C. Keep was the first American to administer ether in a case of labor. This occurred April 7, 1847, and Dr. Keep reported the case in the Boston Medical and Surgical Journal, under the

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title, "The Letheon administered in a Case of Labor." The report, in the form of a letter to the editor, is as follows:

Dear Sir:—On the 7th instant I administered the vapor of ether in a case of natural labor. The patient was in good health, and in labor with her third child. Five and a half hours having elapsed from the commencement of labor, her pains which had been light but regular, becoming more severe, the vapor of ether was inhaled by the nose and exhaled by the mouth. The patient had no difficulty in taking the vapor in this manner from the reservoir without any valvular apparatus. In the course of twenty minutes four pains had occurred without suffering, the vapor of ether being administered between each pain. Consciousness was unimpaired and labor not retarded. Inhalation was then suspended that a comparison might be made between the effective force of the throes with and without the vapor of ether. No material difference was detected, but the distress of the patient was great. Inhalation was resumed, but the progress of the labor was so rapid that time could not be found for sufficient inhalation to bring the system perfectly under its influence; still, the sufferings of the last moments were greatly mitigated. From the commencement of the inhalations to the close of the labor, thirty minutes; number of inhalations, five. No unpleasant symptoms occurred, and the result was highly satisfactory. Yours, etc.,

Boston, April 10, 1847. N. C. KEEP.

Benefits of Early Rising.

Dr. Robert Macnish ("The Philosophy of Sleep") advocates early rising as one of the most admirable aids to health. Almost all men who have distinguished themselves, he says, in science, literature, and the arts, have been early risers. Homer, Virgil, and Horace are all representated as early risers; the same was the case with Paley, Franklin, Priestley, and Buffon.

Buffon ordered his valet-de-chambre to awaken him every morning, and compel him to get up by force if he evinced any reluctance; for this service the valet was rewarded with a crown each day, which recompense he forfeited if he did not oblige his master to get out of bed before the clock struck six.

Sir Thomas More rose regularly every morning at four o'clock; and so convinced was he of the beneficial effects of getting up betimes, that, in his "Utopia," he represented the inhabitants attending lectures before sunrise. Napoleon was an early riser; so were Frederick the Great and Charles XII, and so, in truth, almost every one distinguished for energy and indefatigability of mind.

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The King's Evil.

(*A chapter from the History of Human Gullibility.*)

The old English name for scrofula "The King's Evil" was derived from the belief that the disease could be cured by the royal touch. According to English writers, the rite originated in 1050 with Edward the Confessor, while the French claim that the practice was common in France five hundred years earlier and was practised by Clovis in 496. Its origin, however, is much more ancient. Pliny relates that Pyrrhus, king of Epirus, cured diseases of the spleen by the touch of the toe of his right foot; and Tacitus narrates the cure of both deafness and blindness by Vespasian by touch.

The Christian Fathers cured diseases by the laying on of hands; and all thru the first ten centuries miracles of healing by touch are recorded. From the eleventh century down to the nineteenth almost every sovereign of Europe exercised this power. It is stated that Henri IV of France healed with great ceremony, and on one occasion he cured 1500 persons. They knelt in rows, and the king's physician, passing behind each row, held the head of the sufferer in his hands while the king drew his hand downward from the forehead to the chin and then across the face, thus making the sign of the cross and saying: "The king does touch thee, God does heal thee." Laurens, the king's physician, wrote a book in which he states that tumors diminished in size and that ulcers dried up, and that out of a thousand no less than five hundred were cured in a few days. Charles I. of England required the certificate of a medical examination before he would touch a sufferer. Charles II. had a register kept which shows that in 19 years he had touched 90,798 persons. Queen Anne is known to have touched 200 persons on one occasion, among others Dr. Samuel Johnson when he was a boy. When Charles X of France was crowned in 1824 one hundred and twenty-four persons were brought to him to be touched. This is the last record of the practice.

Dr. M. Allen Starr ("The King's Evil and Its Relation to Psychotherapy": *Med. Rec.*) thinks it impossible that such a custom should have persisted and that such confidence in the cures should have been felt if there had not been ample evidence of success. He points out that swelling of the glands of the neck may be the result of a general infection, or may be tuberculous, or luetic, and that all such conditions, formerly included in the term scrofula, may recover spontaneously. Strong emotions, such as were inevitable in preparation for seeing the king, the excitement of the crowd, the impression made by a ritual service, the actual thrill caused by contact with royalty, and all that, may easily set up chemical changes in the system of a stimulating and possibly beneficial kind. Dr. Starr suggests that those recoveries were erroneously

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ascribed to the royal touch, just as at the present time many "faith" and similar cures are ascribed to methods which are at least questionable—not to use a stronger and more pertinent word. He points to the element of confidence in a person as the principal agent in such cures, and in this connection cites the Christian Science cult which shows a decline since the death of Mrs. Eddy. And if any good has ever come out of psychoanalysis and psychotherapy, the author is confident that it has been due only to the personal influence of the man and not to any good in the method. Nevertheless, the physiological effects of emotions should not be overlooked in the treatment of patient.

The Criminal Mind.

Among the many cases examined at the Psychopathic Laboratory the following may convey an idea of the work done:

A man of 45 was arrested for sending in a false alarm of fire. Examination at the laboratory revealed that he was suffering from "softening of the brain." A letter was sent to the presiding judge, and the man was committed to a hospital instead of a prison. Another case was that of a young man who admitted setting fire to about a dozen buildings. Special investigation showed that he had been reared among refined surroundings and had enjoyed the advantages of continuous education. In many respects he gave the appearance of being merely a mischievous but normal boy. As a matter of fact, he was rapidly developing an insanity which, if not properly treated, would soon render him a hopeless dement. He was sent to a hospital for mental diseases.

The writer emphasizes that it is incorrect to label a feebleminded or insane person as criminal, and that it would be better to say that he is "unmoral," because his mind is dwarfed or diseased to such a degree that ordinary moral standards are not appreciated.

Medical and Therapeutic Items

Treatment of Influenza.

From the standpoint of treatment, Dr. Walter A. Bastedo (N. Y. M. J., Oct. 12, 1918), divides the influenza cases into two groups, namely, those without pneumonia, and those with pneumonia. In the first group the dominating features are pains and bronchitis. For the general pains and headaches the author uses

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salicylates, acetyl-salicylic acid, acetphenetidin, acetanilid, or pyramidon, with or without codeine. With these antipyretics no drug is to be associated for the protection of the heart, such as caffeine, for it has been shown that caffeine actually increases the toxicity of the acetanilid group. For the bronchitis local treatment in the form of mustard plasters, turpentine liniment, or hot poultices is recommended. Internally, inhalations of steam containing the compound tincture of benzoin, or oil of pine, are useful. The systemic treatment of the bronchitis consists of expectorants—one of the best known being a mixture of ammonium chloride with ipecac.

Sleep must be ensured by a mild hypnotic, and the digestive tract must be kept clean and wholesome by a primary dose of castor oil and calomel and subsequent mild laxative or daily enema. The diet should be light and limited in quantity. Water is freely given.

In the pneumonia type the treatment is essentially systemic. To promote the comfort of the patient and to promote sleep, have him out of doors or in a room with the windows wide open. Because of the cardiac weakness, give all patients digitalis in large doses for the first two or three days. The lightest kind of diet is demanded. A daily enema should be employed for the bowel movements to assist medication by mouth. Tympanites must be treated by medicated enemas, hot stupes to the abdomen with a tube in the rectum and a brisk cathartic by mouth, or sometimes a hypodermic of one c.c. of pituitary liquid, repeated from time to time. Plenty of water should be given.

For sleep use ordinary hypnotics, such as barbital, trional, chloralamid, or if these do not suffice, use paraldehyde, given by rectum in two dram doses dissolved in saline. If there is delirium the use of morphine may become necessary, but it should be avoided as far as possible. For the cough, a throat spray or inhalation of medicated steam, or, repeated doses of codeine may be employed.

It is a sine qua non that the patient should have rest and sleep. In the convalescent stage the care of the patient must be continued; prolonged rest, fresh aid and bitter appetizing tonics are indicated.

A Child with Transposition of Viscera.

Before the American Pediatric Society (N. Y. M. J., Oct. 5, 1918), Dr. Howard C. Carpenter presented the case of a child, born prematurely, at seven months, whose birth weight was estimated at three pounds. He had had pertussis and measles, and an operation for hypertrophied tonsils and adenoids. Since the age of five years his nutrition had been subnormal. He was at present eight and one half years of age and weighed fifty-five and one half pounds. The left side of the chest anteriorly was more

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prominent than the right. The apex beat was visible in the sixth interspace in the midclavicular line. Cardiac dullness extended 7.5 cm. to the right of the midsternal line and four cm. to the left, and began above the second interspace. The muscular quality of the first sound was good. A faint blowing systolic murmur was heard all over the heart area, but loudest at the apex. The pulse averaged 100 to 110, and after exercise 140. The liver was on the left side, the upper border being at the sixth rib in the left midclavicular line, and the lower border extending one cm. below the edge of the ribs on the same side. The x-ray after a test meal showed the stomach on the right side.

A Case of Puerperal Infection and Psychosis.

Dr. Samuel B. Schenck (Am. J. Obstet., Oct., 1918), has put on record a case of a very severe puerperal infection and psychosis due to the presence of the staphylococcus albus hemolyticus, found twice in pure culture.

Seven weeks' postpartum and after three weeks of severe psychosis, practically a mania, a hidden abscess cavity was discovered and about four ounces of pus evacuated. The cavity was then irrigated with a 1-4000 formalin solution. The change in the patient's mental condition was almost instantaneous, and within a few days she was entirely rational. Her improvement was steady and three months postpartum she was discharged from the hospital.

Acute Syphilitic Meningitis in an Infant Twelve Months Old.

Dr. D. B. Leitch (*Am. Jour. Dis. of Child,* March, 1918) describes a case of acute syphilitic meningitis in an infant twelve months old. The patient was admitted on June 7, 1916. The father, several years previously, had been treated for syphilis. The mother appeared healthy and denied having had syphilis. Of four babies, born at the seventh month of pregnancy, before the birth of the patient, two were still born, the others lived but a few days. The patient was born at term and appeared healthy, weighing 18 pounds at the time of admission. The first symptoms of the present illness appeared two weeks before; the child vomited several times a day, the bowels were constipated, and there was a gradually increasing drowsiness. Examination revealed no lesions of the skin or the mucous membranes; pulse-rate was 100 F. and slightly irregular. Three tuberculin tests were negative. This led to an examination of the spinal fluid for spirochetae. From the presence of these the diagnosis was established. The Wassermann reaction was strongly positive. A single dose of diarsenol was given intravenously but the child died

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on the fourth day after admission. Necropsy showed the meninges everywhere congested, and the surface of the brain slightly compressed. There were small, irregular patches of grayish white exudate covering the blood vessels in the sulci of the parietal and temporal lobes. The brain substance showed considerable softening. The gray matter was studded with minute hemorrhages. The substance of the liver was firm, fatty in some places and congested in others; the connective tissue was thickened thruout the organ. The lesion was essentially a syphilitic hepatitis.

The Relation of Mental Perversions to Internal Secretions.

In a paper on the Relation of Internal Secretions and Faulty Metabolism to Mental Perversions (*Med. Rec.*, July 6, 1918) Dr. B. C. Keister suggests that there is some reciprocal relation between the thymus gland and the reproductive glands. When the thymus gland is removed it hastens the development of the testes, and when the testes are removed the thymus becomes slightly enlarged for a time prior to a retarded atrophy. A similar relation holds good in females under like conditions. The ovaries play an important part in the nutrition of both body and mind. Following complete removal of the ovaries with the premature menopause that ensues, many distressing symptoms, both mental and physical, have been observed.

The writer points to recent investigations which have shown that the menstrual life of women is not a suddenly appearing or disappearing event. It is more like a continuous wavelike condition, which is not found before the beginning nor after the close of menstruation, either in early youth or old age. This explains the variability of mood and disposition and vacillating temperament in many sexually mature women. Fits of insanity during menstruation are of not infrequent occurrence. Intramenstrual changes of the sexual organs have been found in more than one-third of female suicides. Among fifty-six shoplifters, thirty-five were found "unwell" at the time of the theft.

Psychic disturbances, irritability, sexual overexcitability, outbreaks of weeping, a decrease of intelligence, and so forth, are some of the well known conditions in a large percentage of women at the climacterium.

Since there is direct communication between the sympathetic nervous system and the ductless glands we can understand why these organs with their secretions become influenced by mental emotion. Many cases of melancholy, hypochondriasis, lack of control of the sexual passions, etc., may be caused by derangement of the internal secretions.

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Eusol in Chronic Arthritis.

Eusol is the name of a solution containing half a per cent. of hypochlorous acid. Dr. H. Fairclough reports good results with it in the treatment of chronic arthritis (*British Medical Journal*, June 15, 1918). It is prepared according to the following formula: 12.5 grams of boric acid and 12.5 grams of chlorinated lime (chloride of lime, calx chlorinata) are mixed with 1 liter of water; the mixture is well shaken, allowed to stand for several hours, filtered, and to the filtered liquid 8.5 grams of sodium chloride (common table salt) are added. 100 mils (c.c.) of this solution are injected intravenously.

On Emptying an Over-Distended Bladder.

Dear Doctor: In your October issue, page 368, you apparently advise the slow emptying of an over-distended bladder, and you refer to the statements of a Jersey City physician who claims to have a case of insanity of several months' duration due to such sudden emptying. I have had a large experience in the practice of medicine, and particularly of surgery, extending over more than 44 years, and I have had a very large field of observation. I have frequently discussed this matter with physicians, and in not a single instance have I ever seen or heard of a case in which complete emptying of the bladder produced the slightest ill effect. We empty the pregnant uterus completely, and in many cases very rapidly, without the slightest ill effect, and I do not see why emptying the distended bladder should have any ill effect either in theory or practice. Very rarely we see a case of puerperal insanity, but I never knew anyone to attribute that trouble to the sudden emptying of the uterus. We have numerous cases reported of death from acute distention of the stomach following operations, but I never heard of death occurring from the emptying of such an over-distended stomach, but on the other hand the procedure is looked upon as life saving.

The question is whether the cases that have been reported have not been simply instances of *post hoc* and not *propter hoc*.

Possibly the whole thing is more a matter of mere "parrotism," as suggested in regard to other matters by your editorial in the same issue of THE CRITIC AND GUIDE.

Very sincerely,

Columbus, Ohio. J. F. BALDWIN.

(Perhaps it is.—Ed.)

Tuberculosis in the Adult.

Phthisis pulmonalis of the adult is the last verse of a song which is begun in the cradle.—DR. VON BEHRING.

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Letters to the Editor

Dear Sirs: Have taken THE CRITIC AND GUIDE for a number of years. It is growing better, with larger vision, from number to number. Success ever. Patriotically your friend, (Rev.) Noah Young, Mifflinburg, Pa.

Dear Dr. Robinson: Please allow an old friend and admirer to subscribe to THE CRITIC AND GUIDE for life. My good wife finds time to read THE CRITIC AND GUIDE; she looks forward to the monthly arrival (and so do I) of this golden-covered instructor and entertainer, to enjoy its golden contents. No, we agree, all of us, "You are never dull!" J. J. Boeheim, M. D., Du Quoin, Ill.

Gentlemen: Enclosed find my check for ten dollars for life for THE CRITIC AND GUIDE. F. P. Canac-Marquis, M. D., Physicians' Bldg., San Francisco, Cal.

Dear Dr. Robinson: I have taken THE CRITIC AND GUIDE for several years, ten or twelve, I believe, and read every issue. Continue sending it to me for your life, or the life of THE CRITIC AND GUIDE, or my life, and here's hoping they will all be long. Respectfully your friend, Jno. W. Kepner, M. D., 1336 East 9th St., Kansas City, Mo.

Dear Sir: Permit me to express my sincere thanks for the many pleasant hours spent while reading your CRITIC AND GUIDE. Put me on your list for life. Wishing you continued success, and abundant prosperity in the future, I am, yours very truly, Ben Beardmore, Station D, Cleveland, Ohio.

Gentlemen: I am intensely glad to be able again, after several years of illness, to return to the reading of THE CRITIC AND GUIDE. Altho I read the last copy under the ever clear, glorious skies of Southern California, I am sure to be able to enjoy The C. & G. in the proximity of old, gray, shabby New York. I am fully aware that the missing of so many a number has considerably impoverished my mental stock and given me quite a setback, but the fact that I am among the living still, with a reasonable assurance of being able to feast upon the "good stuff" of the future copies of The C. & G. brings joy and consolation to my starved soul. And so—please find enclosed check for a yearly subscription; start it, if possible, from a very early number. If

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you have some old copies of the past year and a half on hand, please let me know and I will be glad to send for them. Incidentally permit me to remark that I am one of the oldest subscribers to your journal, and boosted this "crazy quilt" of medicine, sociology, literature and philosophy among the "cognoscenti" of the Pacific Slope with vim and vigor. Very truly yours, Adolph Mapu, The Winfield Pharmacy, Jersey City, N. J.

Dear Doctor: I trust by the time this subscription has expired, that the war will be over, and that kindness and love and mercy will rule the world, instead of enmity and hate. You are doing a great and glorious work, Doctor, and it is reaching out into the by-ways as well as the highways of the entire civilized world, carrying its message of usefulness. Sincerely yours, Dr. W. E. Riggs, Hastings, Neb.

Dear Dr. Robinson: Enclosed find a check for $4.00, for which please renew my subscription to THE CRITIC AND GUIDE. Altho I am hard put at the present time, I cannot help but encourage a man who has dared to publish the things that belong to all the world. The true intellectual recognizes no sect, nation or creed. Brave men are being tried in the fire of public opinion, but few stand the test. You are one of the few. G. C. Hoenes, 4310 Dover St., El Paso, Texas.

Dear Dr. Robinson: Enclosed find cheque for $10.00 for CRITIC AND GUIDE for life. Hope we may live long to enjoy the good reading in it. I have been a subscriber since you first started it and have every copy. Only wish I had been a life member from the start. Yours very truly, Don C. Weber, The Arlington Drug Store, Arlington, Nebr.

Enclosed please find another year's subscription to your magazine. Can truly say that your magazine is better than ever. Wishing you every success in your good work, I am, very truly yours, Mr. W. Meyers, 1422 Locust St., Des Moines, Ia.

My dear Doctor: I am sending you another dollar to keep the magazine coming; the more I see, the stronger my conclusions are that you are right and in the next one thousand years people will say that you were a martyr. May you be spared till this old war is over and men can think and say what they please. Yours fraternally, C. A. Cantrall, Truscott, Texas.

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YOUR HEART AND HOW TO TAKE CARE OF IT. By *Robert H. Babcock,* M. D., L. L. D. Illustrated. George H. Doran Company, New York. 235 pages. Price $1.50.

An excellently written book which it is perfectly safe to put into the hands of people afflicted with heart disease or of parents whose children suffer from some cardiac trouble. Some hypercritical people might question the advisability of putting a book on the heart into the hands of the laity, but we can see no valid objection to it. The book is written by an experienced physician, the advice given thruout is safe and sane and no attempt is made at suggesting self-treatment. The advice how to prevent greater damage, and the hygienic suggestions cannot but prove a valuable adjuvant to the physician's medicinal treatment.

THROW PHYSIC TO THE DOGS. By *George and Alice Hayden.* George H. Doran Company, New York. Price $1.00. 79 pages.

With the main object of the book, which is to discourage the use of cathartics, we are in full sympathy. But has a layman or laywoman ever been known to treat a medical or hygienic theme without exaggerations, without lurid pictures, without making fanciful, unsupported statements? This book is no exception. The authors ask a number of questions. They ask, "Do you know that only one movement a day means constipation?" "That you must have an evacuation three times a day to be healthy," "That the colon or lower bowel is a breeding place for disease?" "That *most of the ills of mankind come from it,* that it poisons the whole being, body and mind, when neglected?" No, we do not know it and it isn't so. Nor is it true that fecal matter if not gotten rid of at once "becomes so much deadly poison which may cause typhoid and malaria and even consumption." Nor do we agree with the authors that in order to get the bowels to move properly it is absolutely necessary to eliminate all meat. People who are vegetarians have been known to suffer badly with constipation, and there are millions of people who do eat meat and whose bowels move regularly without the least trouble. The book contains many exaggerations and a few misstatements. It tries to overemphasize things and thus partially defeats its object. Nevertheless people who suffer from constipation cannot fail to derive benefit from a *critical* study of its pages.

DISPENSARIES, THEIR MANAGEMENTS AND DEVELOPMENT. A Book for Administrators, Public Health Workers, and All Interested in Better Medical Service for the People. By *Michael M. Davis,* Jr., Ph.D., Director of the Boston Dispenside Hospital, Cleveland. New York, The Macmillan Company, 1918. Price, $2.25.

A valuable book, full of indispensable information for all physicians and social workers and all people in any way connected with dispensaries.

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Valuable Therapeutic Nuggets

Oil of cajuput tho official in the U. S. P. is but little used in this country. This is a pity as it stands at the head of the carminatives. It will relieve colic and flatulence quicker than any of the other aromatic oils. Five drops is usually sufficient as a dose, tho it may be given as high as 10 and 15 drops.

The editor is very partial to Cinnamon—Ceylon cinnamon particularly. It is certainly an excellent appetizer, digestant and carminative, and we think there is some ground for the faith of those who believe that an abundant use of cinnamon will keep off infectious diseases.

If we were asked to name the three best hemostatics in pulmonary hemorrhage, we would mention morphine, atropine and amyl nitrite.

The most soluble salt of morphine is the acetate. It is about 7 times more soluble than the sulphate or the hydrochloride. But the trouble is that on exposure it becomes slightly decomposed and is then not entirely soluble. The solubility can be easily restored on the addition of a drop or so of acetic acid.

Gross' formula for anti-neuralgic pills is as follows: Quinine sulphate, 2 grs.; morphine sulph. 1-20 gr.; strychnine (alkaloid), 1-30 gr.; arsenous acid, 1-20 gr.; extr. of aconite leaves, 1-12 grain.

Very severe intercostal neuralgia has been mistaken for angina pectoris. But neuralgia is more circumscribed, does not radiate into the neck and arms, and the anxious expression of the face seen in angina pectoris is wanting.

Hand and Toilet Lotion.

This lotion is non-sticky, non-greasy, and non-irritating. It is bland and smooth, and of perfect consistency, requiring no shaking before use, and has antiseptic properties as well.

Tragacanth	2 drams.
Quince seed	15 drams.
Borax	6 drams.
Boric acid	8 drams.
Glycerin	10 ounces
Alcohol	10 ounces.
Perfume, q. s.	
Color, q. s.	
Sodium benzoate	3 drams.
Boiling water	5 pints.
Water, q. s.	8 pints.

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Dissolve the tragacanth in two pints of water, stirring until dissolved, or until it becomes a homogeneous mixture. Steep the quince seed in the boiling water for four hours, stirring frequently; then strain carefully. Dissolve the borax, sod. benzoate, and boric acid in the remainder of the hot water. Add the perfume and glycerin dissolved in the alcohol, and finally the tragacanth and quince-seed mucilage, which had previously been mixed, portion by portion; shaking after each addition, in order to get a thoroly homogeneous mixture. The consistency may be varied by addition of water.

Cold baths should be avoided in angina pectoris.

We are at last getting over the superstition that we all must have the measles. The number of men and women who have never had measles and who probably go thru life without the disease, is getting constantly larger.

Proper attention to the throat in scarlet fever will tend to protect the ears of your patient and will prevent many a case of deafness in after life.

In tympanites from typhoid or any other cause give turpentine 10 min. and oil of cajuput 5 min. Repeat every 3 to 6 hours.

Gastralgia is almost always accompanied by leucorrhea.

Chlorate of potassium was proposed for gangrene of the mouth by Hunt in 1847. He used it internally in doses of 15 to 30 grs. pro die. Herpin, of Geneva, proposed this salt for mercurial stomatitis, in which it is most useful.

Malignant fever, said Tissot, is a dog that bites without barking. A very good characterization of *asthenic fevers.*

For many years after its introduction to the profession by Dr. Stearns, some physicians obstinately denied that ergot possessed any medicinal properties whatsoever.

Chloral is the best local application for cancer, filling three indications: it suppresses the odor and the discharge, arrests the hemorrhage and lessens the pain. This was originally recommended by Pidoux, of Paris, in 1872.

The best Antidote for Formaldehyde is ammonia water. The harmless hexamethylenamine is formed.

In Chronic Pharyngitis. Extr. Ergotae fl., Extr. Hama-

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melidis fl., Glycerini, āā ʒiii. Sig.—Apply several times daily on a cotton swab for chronic pharyngitis and rhinitis, especially with tendency to epistaxis.

A Glycerin Ointment very useful for chaps and excoriations is made as follows: Spermaceti, 4 drams, white wax 1 dram, oil of almonds, 2 fluid ounces, glycerin, 1 fluid ounce. Melt the first three ingredients at a gentle heat, pour into mortar and add glycerin gradually, triturating until cool.

Quinine sulph. 3 grs., methylthionine hydrochloride (methylene blue) 1 grn., arsenic trioxide 1-30 grn., black pepper 1 grn., makes a sovereign combination in chronic malarial conditions.

A five per cent. solution of chronic acid will harden tender feet and will stop the worst case of hyperidrosis and bromidiosis.

Darwin's last words were: "I have really no fear of death."

"If a woman threatened with phthisis marries, she may bear the first accouchement well; a second, with difficulty; a third never."—*Dubois.*

Decidedly the worst of the alcoholic drinks, as far as the heart is concerned, is beer.—*Friedrich Muller.*

At the beginning af sexual development, in boys as well as in girls, there often occurs pronounced excitability of the cardiac action, with strong palpitation, and sometimes with enlargement of the area of heart dullness and loud murmurs. These murmurs lead to diagnostic difficulties and to erroneous supposition of valvular disease.

Altitude has a most wonderful effect on the heart, the blood vessels and the blood itself, and individuals with nervous constitutions and with cardiac and vascular diseases are very markedly affected by it.

In true nervous cardiac affections exercise is beneficial, and rest cures injurious. In true organic disorder of the heart, the reverse is generally true.

Acute tonsilitis is a very common affection in newly married people. Not surprising, if we believe with some that there is a definite relation between the tonsils and the testes and ovaries.

Place a flannel roller beneath the patient. Wring a double layer of thin flannel out of very hot water mixed with a dram

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of oil of turpentine, apply to patient's abdomen and cover with the ends of the roller. This is the proper way of applying a turpentine stupe.

Dr. M. G. Cain reported 50 consecutive cases of pneumonia treated with guaiacol without a single death. The remedy is used by rubbing into the skin. Average dose 20 minims once or twice a day.

FOR IMPETIGO.—We do not know why the red sulphide of mercury (there is a black sulphide also—don't use that) should be more efficient against impetigo, than any other mercurial salt, but it is. We have not met a single case of impetigo contagiosa that was not cured within 2-3-4 days. The following formula may be used: Hydrargyri sulphidi rubri 1.0, ung. aquae rosae, petrolati aa 20.0. Apply three times a day.

FOR FRECKLES.—Corrosive mercuric chloride 1 grain, bismuth oxychloride 20 grs., hydrogen peroxide 4 drams, lanolin 4 drams.

FOR BURNS.—Bismuth subnitrate 2 drams, boric acid 1 dram, adeps lanae 1-2 ounce, pure petrolatum 1½ ounce.

FOR BARBER'S ITCH.—Betanaphthol, green soap, precipitated sulphur, of each 30 grains, petrolatum half ounce. First apply hot corrosive sublimate (1:1000) compresses for about an hour, and then apply the above ointment.

Powdered resorcin applied pure to venereal warts is excellent. Dries them up quicker than any other application.

According to Osler the two most important remedies in whooping cough are: *six weeks* and a good big bottle of paregoric.

No disease is followed by such depression of spirits as is influenza.

When convalescence from whooping cough has begun, the child should be watched with the greatest care, for it is just at this period that the fatal broncho-pneumonias are apt to develop.

There is no general tonic more satisfactory in cases of tuberculosis of all kinds than Fowler's solution, says Osler. He advises giving it in 5 min. doses 3 times a day, gradually increasing and stopping its use whenever unpleasant symptoms arise.

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FORMULAS

Falling Hair.

Fluidextract of pilocarpus..1 oz.
Tincture of cantharides....4 dr.
Soap liniment .....1½ oz.
Mix, and apply to scalp.

Fluidextract of pilocarpus..1 dr.
Tincture of capsicum.....1 oz.
Tincture of cantharides...½ dr.
Castor oil .....1 dr.
Alcohol, enough to make..4 oz.
Mix and apply with friction to scalp twice daily.

Foot Powders for Hyperidrosis.

I. Salicylic acid.....1 part
Rice powder .....10 parts
Talc. .....40 parts
II. Subnitrate of bismuth.40 parts
Pulverized alum. .....10 parts
Pot. permang. .....2 parts
Talcum .....40 parts

Ulcers of the Leg.

A good ointment for stimulating the healing of ulcers of the leg is as follows:

Argent. nitr.....0.1—0.3 gram
Balsam. Peruv.....1.5—3.0 gram
Zinc. oxid. .....3.0 gram
Petrolati .....ad 30 gram

Tho, chemically speaking, silver nitrate is supposed to be incompatible with balsam of Peru, still practically the ointment works very well.

Whooping Cough.

Blair recommends the following for inhalation in pertussis:

Mentholis
Thymolis .....āā gr. v
Olei eucalypti .....ʒij
Olei pini sylvestris.....ʒiij

M. Sig.—A teaspoonful of this mixture is to be placed on boiling water and inhaled under a hood, or a few drops may be used in a small inhaler.

Senile Pruritus.

Acidi sulphurici diluti....m lxxv
Syrupi rubi ideæ .....ʒj
Aquæ destillatæ .....q. s. ad ʒvj
Fiat mistura.

Sig.—One tablespoonful every two hours.

Cupri sulphatis ....
Potassii nitratis..... } āā.....gr. i
Aluminis .....

Aquæ Camphoræ .....ʒiv

Removal of Warts and Corns.

Chloralis
Acidi acetici glacialis.....āā ʒiss
Acidi salicylici
Aetheris .....āā ʒj
Collodii .....ʒss

Dysmenorrhea.

℞ Strontium bromide .....gr. xv
Potas. bicarbon. .....gr. xv
Sweet spirit of niter.....m. xxx
Tincture of capsicum....m. iss
Comp. tinct. of cardam..m. x
Syrup of ginger .....m. v
Peppermint water....q. s. ad. ʒj
M. et ft. sol.

This dose to be taken every three hours.

Very Good for Hemorrhoids.

The following suppository is highly recommended in hemorrhoids:

℞ Bismuthi oxychlor .....gr. iss
Zinci oxidi .....gr. iiss
Liq. adrenalin hydrochl.
(1:1000) .....m. 1/15
Eucain. hydrochl. .....gr. ¾
Menthol .....gr. ¾
Oil of theobroma.....gr. xv

Nasal Catarrh.

The following has been well tried and gives excellent results:

Oil of pine
Terebene, of each .....ʒij
Creosote
Menthol, of each .....ʒss
Oil of cinnamon .....m. x
Oil of eucalyptus ....q. s. ad. ʒj

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Sprinkle a few drops on a handkerchief or cotton-wool and inhale thru each nostril separately, or put a teaspoonful into a pint of boiling water and inhale the vapors.

Sweating of the Armpits.

Bathe with weak vinegar and apply the following dusting powder on a gauze pad:

Salicylic acid .....grs. xx
Starch .....℥ij
Powdered alum. .....ad. ℥iss

For internal treatment, give precipitated sulphur in dram doses once a day in milk.

Chilblains.

Balsam Peru .....2 dr.
Ichthyol .....2 dr.
Adeps Lanæ .....4 dr.
Apply freely to inflamed part.

Tannic Acid .....1 dr.
Carbolic Acid .....1 dr.
Tinct. Iodine .....2 dr.
Simple Cerate .....4 dr.
Apply freely, on lint.

Carbolic Acid .....15 grn.
Lead Ointment .....5 dr.
Adeps Lanæ .....5 dr.
Expr. Oil Almond .....150 min.
Oil Lavender .....2 drs.

Apply 3 times a day on ulcerated chilblains.

The Best Depilatory.

Barium Sulphide .....2 dr.
Starch .....2 dr.
Zinc Oxide .....1 dr.

Mix a small amount with a few drops of water, so as to make a kind of paste, apply to hairy part, leave on for two or three minutes and rub off. It leaves a clean surface, as if shaved by a razor.

A Lotion for the Removal of Freckles.

Mercuric Chloride.....gr. i-ij
Zinc Sulphate .....gr. v-x
Tinct. Benzoin
Alcohol
Water .....āā ℥iij

This should be applied three or four times daily until desquamation is produced.

Cold in the Head.

According to the Prescriber, the following prescription has a marvelous effect in cutting short a "cold in the head":—

℞ Sodium salicylate .....℥j
Comp. tincture of cinchona
Aromatic spirit of ammonia
Camph. tincture of opium
Tincture of ginger, of each..℥ij
Chloroform water, q. s, ad...℥vj
One tablespoonful in water three or four times a day.

Otitis Media.

A 5 per cent. solution of phenol in glycerin dropped warm into the ear will relieve the pain in non-suppurating acute otitis media.

An Agreeable Disinfectant.

The following mixture forms a thick cream, a small quantity of which, poured on a plate, soon diffuses an agreeable odor thruout the apartment, acting at the same time as an effective disinfectant:—

℞ Camphor, parts 20
Chloride of lime
Alcohol, of each, parts 50
Water, parts 58
Oil of eucalyptus
Oil of cloves, of each, part... 1

Insufflation for Ozena.

Menthol .....gr. viiss
Ammonium chloride .....℥ss
Boric acid .....℥ii
Talcum .....℥iiss
Iodine .....gr. iss

Pruritus.

Any of the following lotions is very useful in pruritus:

Bouchard's Solution.

Cocain hydrochlor. .....1 part
Chloral hydr. .....1 part
Resorcin .....1 part
Glycerin .....3 parts
Alcohol .....20 parts
Cherry-laurel water ....30 parts
Distilled water .....44 parts

Darier's Lotion.

Acidi carbolici .....℥j
Glycerini .....℥ij
Liq. picis carbonis .....℥j
Aquae, q. s. ad. .....℥viij

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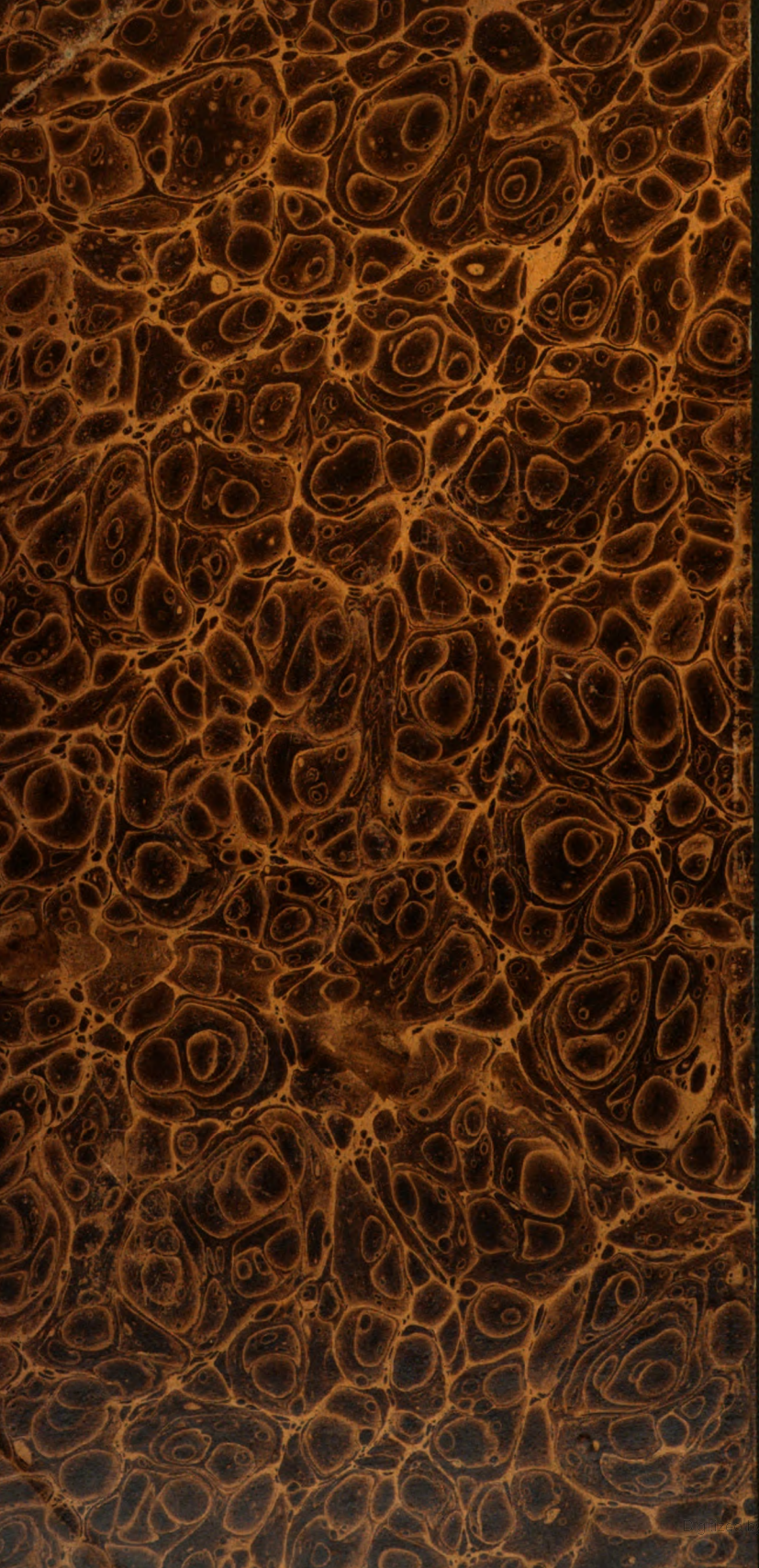
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